



Montana Public Employee Retirement Administration
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(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) OPTIONAL MEMBERSHIP ELECTION

If you are currently an active or inactive member of PERS, or a working retiree, **this form does not apply to you.**

EMPLOYEE INFORMATION – to be completed by employee								
Last Name	First Name, MI	Social Security Number						
Date of Birth	Email Address	Phone Number						
<p>If I elect PERS membership:</p> <ul style="list-style-type: none">Contributions will be deducted from my paycheck, and membership service and service credit will be credited to my account. Please review the educational resources at mpera.mt.gov. <p>If I decline membership:</p> <ul style="list-style-type: none">I may not become a member while still employed in this position.I will not receive membership service or service credit for employment for which membership was declined.If I work more than 960 hours in a fiscal year, cumulative of all PERS employers, membership becomes mandatory.								
ELECTION: <input type="checkbox"/> I elect PERS membership <input type="checkbox"/> I decline PERS membership								
Employee Signature		Date						
EMPLOYER INFORMATION – to be completed by employer								
Employing Agency	Employer Number	Employee's Hire Date						
<p>I have verified that the above employee is eligible for optional membership. Working retirees, excluded employees, and mandatory members are not eligible for an optional membership election. See § 19-3-401, 403, and 412, MCA.</p> <p>As the employer, I understand that if I fail to provide this election form timely (upon hire) to the employee, I will be responsible for the employee and employer interest and employer contributions if the member later chooses to purchase this time. See § 19-3-412, MCA.</p> <p>Check the type of optional position (you must check only one):</p> <table border="0"><tr><td><input type="checkbox"/> Employee working 960 hours or less</td><td><input type="checkbox"/> Employee directly appointed by the Governor</td></tr><tr><td><input type="checkbox"/> Chief administrative officer of a city or county</td><td><input type="checkbox"/> New employee of a county hospital or rest home</td></tr><tr><td colspan="2"><input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session</td></tr></table>			<input type="checkbox"/> Employee working 960 hours or less	<input type="checkbox"/> Employee directly appointed by the Governor	<input type="checkbox"/> Chief administrative officer of a city or county	<input type="checkbox"/> New employee of a county hospital or rest home	<input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session	
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<input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session								
Printed Name	Title	Phone Number ()						
Signature		Date						

Return this completed form to MPERA within 90 days of hire, and retain a copy for your records.

This must be completed by both the employee and the employer.