



Montana Public Employee Retirement Administration  
PO Box 200131 • Helena MT 59620-0131  
(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"><li>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 <a href="http://mpera.mt.gov">mpera.mt.gov</a>.</li></ul> <p>If I decline membership:</p> <ul style="list-style-type: none"><li>I may not become a member while still employed in this position.</li><li>I will not receive membership service or service credit for employment for which membership was declined.</li><li>If I work more than 960 hours in a fiscal year, cumulative of all PERS employers, membership becomes mandatory.</li></ul>		
<b>ELECTION:</b> <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
I have verified that the above employee is eligible for optional membership. Working retirees, excluded employees, and mandatory members are <b>not</b> eligible for an optional membership election. See § 19-3-401, 403, and 412, MCA.		
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.		
<b>Check the type of optional position</b> (you must check only one):		
<input type="checkbox"/> Employee working 960 hours or less <input type="checkbox"/> Chief administrative officer of a city or county <input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session		<input type="checkbox"/> Employee directly appointed by the Governor <input type="checkbox"/> New employee of a county hospital or rest home
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.