



Montana Public Employee Retirement Administration  
 PO Box 200131 • Helena MT 59620-0131  
 (406) 444-3154 • Toll Free (877) 275-7372

## OPTIONAL PERS MEMBERSHIP - LOCAL ELECTED OFFICIAL For Retired PERS Members

OPTIONAL MEMBER INFORMATION		
Last Name	First Name, MI	Social Security Number *
Date of Birth	Local Government Entity	
Mailing Address		
City	State	Zip Code
Daytime Phone Number (     )	Email Address	Date Officially Took Office:
Type Of Position (check one): <input type="checkbox"/> Mayor <input type="checkbox"/> Councilman <input type="checkbox"/> Commissioner		
<p>Participation in the Public Employees' Retirement System (PERS) is optional for a retired PERS member who is elected to a local government position.</p> <p>If you choose:</p> <ul style="list-style-type: none"> <li>to participate in PERS, your retirement benefit must be terminated for the duration of your elected term of office. You cannot receive PERS retirement benefits while contributing to PERS through this or any other PERS-covered employment. Regular contributions will be deducted from your compensation as a local government elected official. (§ 19-3-412, MCA)</li> <li>to decline participation in PERS, you can continue to receive your PERS retirement benefit. However, once you have declined, you cannot later participate in PERS if reelected to the same position. (§ 19-3-412, MCA)</li> </ul> <p>If you do not file this form within 90 days of commencing employment in your elected position, you waive PERS membership for this position.</p>		
MEMBERSHIP ELECTION - To Be Completed by Local Elected Official		
<input type="checkbox"/> <b>I choose</b> to participate in PERS while serving as a local elected official.		<input type="checkbox"/> <b>I decline</b> to participate in PERS while serving as a local elected official.
Signature		Date

Return this form to your payroll clerk to file with MPERA within 90 days of taking office.

\* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109