



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

100 North Park Avenue, Suite 200 ~ PO BOX 200131

HELENA MT 59620-0131

(406) 444-3154 or (877) 275-7372

**FIREFIGHTERS' UNIFIED RETIREMENT SYSTEM
OPTIONAL MEMBERSHIP ELECTION PART-PAID FIREFIGHTERS**

This election must be

- **completed legibly in ink;**
- **signed by both employee and employer; and**
- **returned to the Montana Public Employee Retirement Administration (MPERA) within six (6) months of initial employment as a part-paid firefighter.**

A part-paid firefighter may elect to become a member of the Firefighters' Unified Retirement System (FURS) by filing this election form with the Board within 6 months of becoming a part-paid firefighter.

A part-paid firefighter means a person employed under Section 7-33-4109, MCA, who receives compensation in excess of \$300 a year for service as a firefighter.

I, (print name) _____, understand that I have the option to choose FURS membership due to employment with (print agency name) _____. I am **not** an active, inactive or retired member of the FURS.

The following restrictions apply.

- If I decline membership, I may not become a member while still employed in this position.
- If I decline membership, terminate employment, and become employed in another optional position within 30 days, I may not become a member in the second optional position.
- If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election.
- If I decline membership, I will not receive membership service credit or service credit for employment for which membership was declined.
- If I subsequently accept employment in a position for which membership is mandatory, I must become a member regardless of my previous election.

I decline FURS membership

I elect FURS membership
(Complete a FURS membership card and attach)

Signature of Employee (required)

Date

Social Security Number*

Date of Birth

Signature of Employer (required)

Date

MPERA Employer Number

Telephone Number

RETURN ORIGINAL TO MPERA AT ABOVE ADDRESS.
EMPLOYER RETAINS COPY FOR RECORDS

MPERA Use
Entered by
Date

*For id purposes. §19-2-403(7), MCA