



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

PERS MEMBERSHIP - LOCAL ELECTED OFFICIAL

For Current PERS Members

MEMBER INFORMATION		
Last Name	First Name, MI	Social Security Number *
Date of Birth	Local Government Entity	
Mailing Address		
City	State	Zip Code
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 <input type="checkbox"/> Other _____		
<p>As a newly elected official who is a PERS member:</p> <ul style="list-style-type: none">You may elect to participate in PERS for this position. Regular contributions will be deducted from your compensation as a local government elected official.You may decline participation in PERS for this position if you will work less than 960 hours in a fiscal year. However, if you exceed the 960 hours in this elected position, membership in and contributions to PERS become mandatory. <p>Note: If you elect or later become required to participate in PERS for this position, you must terminate all PERS-covered employment, including your elected position, to be eligible for retirement benefits.</p> <p>If you do not file this form within 90 days of taking office, you waive membership in PERS for this position and will only become a member if you work more than 960 hours in a fiscal year.</p>		
MEMBERSHIP ELECTION - To be Completed by Local Elected Official		
<input type="checkbox"/> I will continue to participate in PERS while serving as a local elected official.		<input type="checkbox"/> I decline 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(8) MCA, 26 USC § 6109