



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 _____			
As a newly elected official who is a PERS member:			
<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.			
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.			
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.			
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