



TO EMPLOYER: A city manager has **30 days** from the day they **first** began employment with the city to make a one-time, permanent election for exclusion from the Coordinated Plan and to participate in the Defined Contribution Plan (DCP) or to choose not to participate in a PERA retirement plan. The election for exclusion from the Coordinated Plan must be approved by city council through a resolution. Making no selection within this 30-day period will result in automatic election to opt-out of the DCP. Any election is permanent for all current and future public service with this city.

A city manager who has previously been an employee in any position covered by any PERA retirement plan to which the city contributed or by any supplemental pension or deferred compensation plan under Minn. Stat. §356.24 sponsored by the city is not eligible to make a new selection to be excluded from the Coordinated Plan and to opt into the DCP or to not participate in PERA. A city manager with monthly earnings of \$425 or more must have salary deductions withheld for the PERA Coordinated Plan unless they elected to and were approved by city council to be excluded from the Coordinated Plan. **The election form must be signed within 30 days of the city manager first beginning employment and PERA must receive the election form and resolution within 60 days of the city manager's start date.**

You are to complete Part A of this form and give it to a new city manager to indicate a choice of PERA retirement coverage in Part B. Please keep a copy after you have completed Part A until the individual returns the signed original. **Once Parts A and B are completed, submit the form to PERA by using the secure document upload feature in ERIS. You will receive a Transmit ID code upon successful submission.** You may also send by fax or mail, however, PERA must still receive it within 60 days of their first day. Retain a copy for your records.

PART A – CERTIFICATION BY A CITY REPRESENTATIVE

NAME OF CITY MANAGER (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
NAME OF GOVERNMENTAL SUBDIVISION	PERA EMPLOYER NUMBER	DATE FIRST EMPLOYMENT BEGAN	
PAY CYCLE THAT APPLIES TO THE SALARY FOR THIS CITY MANAGER/ADMINISTRATOR <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Annually <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____			
<p>I state that this individual is a City Manager as defined in Minn.Stat. § 353.028, subd. 1:</p> <p>..."city manager" means (1) a person duly appointed to and holding the position of city manager in a Plan B statutory city or in a home rule city operating under the "council-manager" form of government, or (2) a person appointed to and holding the position of chief administrative officer of a home rule charter city or a statutory city pursuant to a charter provision, ordinance or resolution establishing such a position and prescribing its duties and responsibilities...</p> <p>I further state that I have advised the named individual of the following retirement plan choices under PERA:</p> <ul style="list-style-type: none">» Coordinated Plan - Membership is required if monthly earnings will exceed \$425 and the individual does not exercise the right to be excluded from the Coordinated Plan within 30 days of their first start of employment.» Defined Contribution Plan (DCP) - A city manager who is eligible to and chooses to exercise their right to be excluded from the Coordinated Plan, with city council's approval through a resolution, may choose to participate in the DCP with further city council approval. An election for DCP participation is permanent for all current and future DCP-eligible service with this city.» No PERA Participation - A city manager who is eligible to and chooses to exercise their right to be excluded from the Coordinated Plan, with city council's approval through a resolution, may thereafter choose not to join the DCP and to have no PERA coverage. This decision is permanent for all current and future employment with optional PERA membership with the city.			
SIGNATURE OF CITY REPRESENTATIVE	POSITION	DATE	DAYTIME TELEPHONE NUMBER

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PART B – MEMBERSHIP ELECTION BY THE CITY MANAGER

I am **first beginning PERA covered service with this governmental subdivision** and I make the following choice with respect to membership with PERA. Note: For an election other than Coordinated Plan to be valid it must be accompanied by a resolution from city council, you must sign the election form within 30 days of first beginning PERA covered employment with this city, and PERA must receive the form within 60 days of the date you first began the position.

Check only one box (you cannot contribute to two PERA plans for wages earned as a city manager).

- ☐ **Coordinated Plan*** – I accept the participation in the Coordinated Plan and choose not to exercise my right to be excluded from participating in this plan. I realize that I may only revoke my membership in the Coordinated Plan within the first 30 days of my first employment with this city
- » I understand that my selection is permanent for current and future public service with this city.
- ☐ **Defined Contribution Plan (DCP)*** – I choose to be excluded from the Coordinated Plan and, instead, contribute to the DCP beginning the first day of the pay period following the date of this election. I will not seek authorization to purchase service credit for any period of excluded service.
- » I understand that my selection is permanent for current and future public service with this city.
 - » I understand that I would only be eligible for the Coordinated Plan for public service with this city if I am employed in a position in the future that requires mandatory coverage in the Coordinated Plan.
 - » As required by law, I state that I will not at any time seek authorization to purchase service credit of the Coordinated Plan for any period of excluded service.
 - » Note: In accordance to Minn. Stat. § 353.27, subdivision 7, you will receive a refund or credit of the Coordinated Plan employee deductions that had been made from your salary before the date on which PERA receives this form.
- ☐ **No PERA Coverage** – I choose to be excluded from the Coordinated Plan and do not wish to join the DCP. I will not seek authorization to purchase service credit for any period of excluding service.
- » I understand that my selection is permanent for current and future DCP eligible public service with this city.
 - » I understand that I would only be eligible for the Coordinated Plan for public service with this city if I am employed in a position in the future that requires mandatory coverage in the Coordinated Plan.
 - » As required by law, I state that I will not at any time seek authorization to purchase service credit of the Coordinated Plan for any period of excluded service.
 - » Note: In accordance to Minn. Stat. § 353.27, subdivision 7, you will receive a refund or credit of the Coordinated Plan employee deductions that had been made from your salary before the date on which PERA receives this form.

**PERA membership may, depending on income, lower or eliminate the tax deductibility of the contributions to an IRA.*

INITIALS	I certify that I was not an employee in any position covered by any PERA retirement plan to which the city contributed or by any supplemental pension or deferred compensation plan under Minn. Stat. § 356.24 sponsored by the city.	
SIGNATURE OF CITY MANAGER/ADMINISTRATOR		DATE

IF YOU HAVE SELECTED PERA COVERAGE, PLEASE PROVIDE THE FOLLOWING INFORMATION

MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	DATE OF BIRTH
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