



**TO EMPLOYER:** Under Minnesota law, physicians with monthly earnings exceeding \$425 must have salary deductions for coverage in the PERA Coordinated Plan unless the person elects within 30 days of the start of DCP eligible employment with the governmental subdivision to participate in the Defined Contribution Plan administered by PERA. For DCP membership to be valid, an enrollment form must be **signed within 30 days of first starting in a DCP eligible position with the governmental subdivision and received by PERA within 60 days from the date they first began the position.**

Please keep a copy of this form after you have completed Part A and until you receive the signed original from the individual. **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 EMPLOYER**

NAME OF PHYSICIAN (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
MAILING ADDRESS (CITY, STATE, AND ZIP)			DATE OF BIRTH
NAME OF GOVERNMENTAL SUBDIVISION	PERA EMPLOYER NUMBER	FIRST DAY OF WORK	
PAY CYCLE THAT APPLIES TO THE SALARY FOR THIS PHYSICIAN <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 _____			
I state that I have advised the named physician of the following retirement plan choices under PERA: » <b>Coordinated Plan</b> - Membership is required of physicians with monthly earnings exceeding \$425 who do not exercise their right to be excluded from coverage in this plan by enrolling in the DCP within 30 days of the start of their employment. Not choosing to enroll in the DCP is a decision to opt out and is permanent for all current and future employment with this governmental employer. » <b>Defined Contribution Plan (DCP)</b> – Membership is open to all physicians in governmental employment. The physician may exercise the option to enroll in the DCP within the first 30 days of employment. A decision to join the DCP is irrevocable for all current and future employment with this governmental employer.			
SIGNATURE OF CITY REPRESENTATIVE	POSITION	DATE	DAYTIME TELEPHONE NUMBER

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PART B – MEMBERSHIP ELECTION BY THE PHYSICIAN

I do not have prior DCP eligible service with this governmental subdivision and I make the following choice with respect to my option for PERA membership.

**Note: Making no selection results in an automatic election to opt-out of the DCP.** For DCP participation to be valid, you must sign the election form within 30 days of first beginning DCP eligible employment with this governmental subdivision and PERA must receive the form within 60 days of the date you first began the position.

Check only one.

- ☐ **Coordinated Plan\*** – I understand that because I did not choose to enroll in the Defined Contribution Plan within the first 30 days of employment, and because my salary as a physician exceeds \$425 in a month, participation in the Coordinated Plan is required. I understand that this is an election not to participate in the DCP and this decision is permanent for all current and future public service with this governmental employer.
- ☐ **Defined Contribution Plan (DCP)\*** – I understand that my participation begins on the first day of the pay period next following the date of my coverage election. I understand that my decision to join the DCP is permanent and I will be covered by the plan for all current and future DCP eligible employment with this governmental employer.

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

INITIALS	I certify that I do not have prior DCP eligible service with this governmental subdivision. I understand my selection is permanent for current and future DCP eligible public service with this entity.	
SIGNATURE OF PHYSICIAN		DATE