



**Instructions:** PLEASE PRINT using blue or black ink. Members must submit this form when applying for a monthly benefit. Both member and employer must complete this form.

**Notice:** A right to a retirement benefit requires a complete and continuous separation from all public employment for 30 days. Public employment is service to any governmental employer in Minnesota—e.g. school districts, cities, counties, townships, and state. There can be no written or verbal agreement prior to termination to provide services to a public employer. Independent contractors and employees of an independent contractor may not work for their same employer for 30 days. IRS rules prohibit PERA from paying benefits to a member unless there is a bona fide separation in service.

If you are an elected official in a PERA-covered position, you must resign from your current elected position before filing for the subsequent term. You must remain completely and continuously separated from that office for at least 30 days prior to the date of the election.

If you continue to work under a Phased Retirement Option, this form is not necessary.

### PART A — FOR COMPLETION BY MEMBER

Complete Part A of this form. Have your current public employer (this includes PERA, MSRS, TRA, and SPTRFA covered positions) complete Part B and C. You will receive your benefit approximately two weeks following your benefit begin date if we have all necessary paperwork.

NAME	LAST FOUR OF SSN	PERA ID NUMBER

### PART B — FOR COMPLETION BY EMPLOYER

Verify the information in Part A. Complete Part B and C. Give the completed form to the employee or send it to our office. If the member changes their termination date after you submit this form, notify PERA immediately.

TERMINATION DATE / /	Is there, or will there be, any verbal or written agreement for rehire (this includes independent contractor work) in effect prior to termination? <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### Is this person:

- A public safety officer not covered by the Police and Fire or Correctional Plan? ☐ Yes ☐ No  
(Public safety offices include judicial, parole, and probation officers, rescue squad and ambulance personnel, members of volunteer fire departments)
- An elected official? ☐ Yes ☐ No (Proceed to Part C)  
Elected position title: \_\_\_\_\_  
Have they filed to run for a subsequent term in the same position? ☐ Yes ☐ No  
If yes, what date did they file? \_\_\_\_\_  
We require a copy of the governing board's meeting minutes showing the acceptance of their resignation or a copy of the canvassing board election report. PERA must have this documentation before issuing payments.

### PART C — THIS FORM MUST BE SIGNED BY THE EMPLOYER (HR/PAYROLL/MANAGER)

EMPLOYER NAME	UNIT NO. (PERA EMPLOYERS ONLY)	PHONE NUMBER
EMPLOYER REPRESENTATIVE'S SIGNATURE AND TITLE		DATE / /

#### MAIL OR FAX COMPLETED FORM TO:

Public Employees Retirement Association  
60 Empire Drive, Suite 200, St. Paul, MN 55103-2088  
1.800.652.9026 | 651.296.7460 | Fax: 651.297.2547 | mnpera.org