

MEMBERSHIP ELECTION FORM

FOR PUBLIC OFFICIALS

Public officials can make a one-time, permanent decision to participate in PERA if they are within their first 30 days of PERA-eligible work with a governmental subdivision.

EMPLOYER INSTRUCTIONS.....

PERA must receive completed forms within 60 days of the public official's first day of work.

1. **Complete part A in blue or black ink.** Incomplete forms will result in a delay or cancellation of your request.
2. **Instruct individual to complete part B.** They must sign the form within their first 30 days of work.
3. **Submit the form to PERA.** Return the form even if no coverage is selected and retain a copy for your records.
 - » Use the secure document upload feature in ERIS, or
 - » Fax or mail the completed form to PERA.

Notice: Do not withhold contributions until the official has made a written selection to participate. Submitted contributions are refunded if an election form was:

- » Not signed within 30 days of their first day of work in a DCP-eligible position with the governmental subdivision and/or,
- » Not received by PERA within 60 days of their first day of work in the position.

INDIVIDUAL INSTRUCTIONS.....

You must sign this form within the first 30 days of your work as a public official with this governmental subdivision. If you do not make a membership selection, you will have no PERA coverage.

1. **Complete part B in blue or black ink.** Incomplete forms will result in a delay or cancellation of your request.
2. **Return the form to your employer.** PERA must receive your completed form within your first 60 days of work in this position.

PUBLIC OFFICIAL POSITIONS.....

- A. Elected non-governing body local public official or appointed to fill the unfinished term of an elected position.
Example: county auditor or attorney, city or township clerk, treasurer
- B. Elected governing body local public official or appointed to fill the unfinished term of an elected position.
Example: county commissioner, city council member, school board member, township supervisor, soil & water board
- C. Appointed (hired) non-governing body public official whose salary does not exceed \$425 in any month.
Example: township and city clerk or treasurer positions that are always appointed; county auditor, treasurer, or recorder
- D. Appointed governing body public official on a board or commission of this governmental subdivision.
- E. Elected county sheriff who is currently receiving retirement benefits from the PERA Police & Fire Plan and who was not previously employed by the county.

PERA MEMBERSHIP OPTIONS.....

Defined Contribution Plan (DCP): Public officials can choose to participate in the DCP. DCP coverage starts the day PERA receives this form or the first day DCP contributions are taken from the public official's salary. With some exceptions, DCP membership may prevent withholding Social Security contributions from public official earnings. Public officials younger than age 65 who enrolled in the DCP can receive a full or partial distribution of their account balance when they terminate all public service.

Coordinated Plan: Elected non-governing body local public officials (position A above) who earn more than \$425 in a month can participate in the Coordinated Plan. Coordinated Plan coverage starts the day PERA receives this form or the first day Coordinated Plan contributions are taken from the public official's salary. Social Security taxes are also withheld.

No PERA Coverage: Public officials who do not have previous PERA coverage with the governmental subdivision can choose not to participate in PERA. The choice not to participate in optional PERA membership is permanent for all future and current service with this governmental subdivision. Social Security taxes are withheld for all public officials not participating in PERA except elected sheriffs who are retired members of the Police & Fire Plan. If public officials have any prior PERA membership with the governmental subdivision, PERA participation is mandatory for their public official earnings.



Please read the instructions listed on page 1 before completing this form. Public officials must sign the form within the first 30 days of PERA-eligible work with this governmental subdivision and PERA must receive completed forms within their first 60 days of work in this position.

PART A—FOR COMPLETION BY EMPLOYER

NAME OF GOVERNMENTAL SUBDIVISION			PERA EMPLOYER NUMBER	
PUBLIC OFFICIAL LAST NAME		PUBLIC OFFICIAL FIRST NAME & MIDDLE INITIAL		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
ADDRESS—STREET		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	POSITION TITLE		DATE OF BIRTH—MM/DD/YYYY	
FIRST DAY OF WORK—MM/DD/YYYY	PAY CYCLE FOR THIS POSITION <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other_____			
PUBLIC OFFICIAL CLASSIFICATION <input type="checkbox"/> Elected <input type="checkbox"/> Appointed/Hired <input type="checkbox"/> Appointed to an Elected Position's Vacancy				

Check the box that describes the basis for the public official's eligibility for optional PERA membership with this governmental entity:

- ☐ **A.** Elected non-governing body local public official or appointed to fill the unfinished term of an elected position.
- ☐ **B.** Elected governing body local public official or appointed to fill the unfinished term of an elected position.
- ☐ **C.** Appointed (hired) non-governing body public official whose salary does not exceed \$425 in any month.

Notice for appointed (hired) non-governing positions: If, at any time, the public official's earnings exceed the minimum salary threshold set by Minn. Stat. § 353.01 subd. 2a(a), DCP participation must stop and they must immediately be enrolled into PERA's Coordinated Plan until termination of employment. At that time, Social Security taxes will be withheld from their earnings in addition to the deductions taken for coverage of the Coordinated retirement plan.

- ☐ **D.** Appointed governing body public official on a board or commission of this governmental subdivision.
- ☐ **E.** Elected county sheriff who is currently receiving retirement benefits from the PERA Police & Fire Plan and who was not previously employed by the county.

SIGNATURE OF EMPLOYER REPRESENTATIVE	POSITION	DATE	DAYTIME TELEPHONE NUMBER
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PART B—FOR COMPLETION BY PUBLIC OFFICIAL

I make the following permanent choice with respect to membership with PERA:

- ☐ **Defined Contribution Plan (DCP)***
- ☐ **Coordinated Plan** (available only to position A, when monthly earnings exceed \$425)*
- ☐ **No PERA Coverage**

*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 service eligible for optional PERA membership with this governmental subdivision. I understand my selection is permanent for current and successive terms in office within this entity.	
SIGNATURE OF PUBLIC OFFICIAL		DATE