

**NOTICE OF EXCLUSION FROM PERA MEMBERSHIP  
COORDINATED, CORRECTIONAL OR POLICE & FIRE PLANS****INFORMATION FOR EMPLOYER**

This form is optional and may be used to inform an employee not enrolled in PERA at the start of their employment. Give this form to the excluded employee and keep a copy in your personnel files. Do not send a copy to PERA.

Information about exclusions is available in PERA's Employer Manual and in Minn. Stat. §353.01, Subd. 2a.

EMPLOYER NAME	DATE
EMPLOYER REPRESENTATIVE	DAYTIME PHONE NUMBER

EMPLOYEE NAME	
HIRE/START DATE FOR THIS POSITION	JOB TITLE OR CLASSIFICATION

**INFORMATION FOR EMPLOYEE**

If you have questions about this PERA membership decision, contact your employer's human resource or payroll department for more information.

You may be enrolled in PERA in the future if your situation changes and a membership exclusion no longer applies. Your employer will notify you at that time.

**YOU ARE EXCLUDED FROM PERA MEMBERSHIP BECAUSE:**

- ☐ 1. Your earnings are not expected to exceed \$425 per month.
- ☐ 2. Your employment is seasonal or temporary and not expected to exceed six (6) consecutive calendar months.
- ☐ 3. You are under age 23 and are attending classes full-time at an accredited school, college or university.
- ☐ 4. You are receiving a monthly retirement or disability benefit from PERA.
- ☐ 5. Your position is excluded by law for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_