

Complete this form to enroll an employee whose coverage under the Coordinated, Correctional, Police & Fire, or Basic plan is required under M.S. §353.01, subd. 2a, 2d(a)(5) or 2d(b). Completion is required even if the person has prior membership in a different PERA plan based on another public service position or another Minnesota retirement system (i.e., TRA or MSRS).

This form is for use by payroll officers or other employer representatives who do not have internet or email capabilities. All other employers must enroll their employees into PERA using the Employer Reporting and Information System (ERIS). In addition, employers should not use this form to enroll individuals who are exercising their individual right to join a Defined Benefit Plan under M.S. §353.01, subd. 2d(a). PERA has separate membership election forms for those situations [i.e. persons holding non-governing body elected positions, city managers, or other positions listed in M.S. §353.01, subd. 2d.(a)]. Please contact Employer Services for more information.

Mail or fax the completed form to PERA as soon as possible after determining eligibility

EMPLOYEE'S NAME: LAST		FIRST	MIDDLE INITIAL	TITLE (JR. SR. III)	BIRTH LAST NAME (IF KNOWN)
EMPLOYEE'S MAILING ADDRESS: NUMBER AND STREET			CITY	STATE	ZIP
EMPLOYEE'S DATE OF BIRTH	EMPLOYEE'S SOCIAL SECURITY NUMBER			This must match the person's Social Security card and the number recorded in your records. PERA cannot process an enrollment without this data.	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Plan in Which Employee Qualifies based on Position Held (must match plan data you report on the SDR): <input type="checkbox"/> Coordinated – The employee meets the requirements of this plan as defined in M.S. §353.01, subd. 2a or 2d(b). <input type="checkbox"/> Police & Fire – The employee meets the plan requirements defined in M.S. §353.34 for full-time police officer and firefighter positions. For less than full-time positions, you must declare the position's eligibility through a resolution adopted by your governing body (i.e. county commissioners, city council, township or school board). A resolution is also required when a Police and Fire member is promoted/ transferred to a different police or fire-related position that would not otherwise qualify under this plan. <input type="checkbox"/> Correctional – A signed <i>Correctional Officer Certification</i> form must accompany the enrollment form.					
EMPLOYER NO. (6-DIGIT PERA ID#)		NAME OF EMPLOYER (NAME OF GOVERNMENTAL SUBDIVISION AND DEPARTMENT)			
HIRE/START DATE FOR THIS POSITION	If membership begins more than 30 days after hire date, provide the PERA exclusion code that gives the reason they were not eligible.		EXCLUSION CODE	EXPLANATION (IF NECESSARY)	
PERA ELIGIBILITY DATE					
POSITION APPOINTMENT CLASSIFICATION <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intermittent/On-call <input type="checkbox"/> Temporary/Seasonal exceeded six consecutive months <input type="checkbox"/> Other – Explain	POSITION APPOINTMENT CLASSIFICATION <input type="checkbox"/> Administrator <input type="checkbox"/> Paramedic/EMS <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Police Officer or Deputy Sheriff' <input type="checkbox"/> Firefighter' <input type="checkbox"/> Medical Physician <input type="checkbox"/> Elected Sheriff <input type="checkbox"/> Other (none of the above)			PAY CYCLE(S) THAT APPLY TO THE SALARY FOR THIS PERSON <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:	
JOB TITLE					
'As defined in M.S. §353.64					
I certify that this information is correct to the best of my knowledge. I believe that this person is a public employee under Minn. Stat. Chapter 353 and affirm that the position held qualifies for the coverage requested. I understand that the processing of this form and deductions by PERA is not to be construed as approval of eligibility by the retirement system.					
AUTHORIZED AGENT'S SIGNATURE (DO NOT TYPE OR PRINT)			DATE	DAYTIME PHONE NUMBER	

INSTRUCTIONS ON COMPLETING THE NOTICE OF ENROLLMENT INTO PERA'S DEFINED BENEFIT PLAN

Item # Data to be Provided

- 1-5 Provide each of the data items requested on the employee who is being enrolled in PERA.
- 6 Indicate, by check mark, the PERA plan in which the person is being enrolled. As indicated for each plan, some enrollments require additional documentation from your employing unit.
- 7-8 Insert the appropriate six-digit ID Employer number that has been assigned by PERA and the name of your governmental entity including the department in which the employee works. The employer number placed in box 7 should match the six-digit number found on the Salary Deduction Report (paper or electronic) upon which this person will be listed.
- 9 Insert the date the person started working in this position, regardless of whether this is a new hire or reinstatement. Example of New Employee: An employee begins work on April 5, 2024 and is immediately eligible for PERA. The hire date of 04/05/24 is to be reported and it should be consistent with the coverage dates in which the first PERA deduction is withheld (such as April 1-30, 2024, in this hire date example).
Example of Reinstatement: An employee who worked for your employer unit previously (02/01/2024 – 03/15/2025) is rehired on June 15, 2025 and is immediately eligible for membership. The hire/start date in this instance is 06/15/2025. Do not report the original hire date of 02/01/2024 in this reinstatement example.
- 10 Indicate the date of eligibility for PERA coverage and deductions. This should coincide with the pay period in which the first PERA deduction was withheld for the employee. Example: A person began work on March 1, 2024 (box 9), but did not earn over \$425 in a month. For the semi-monthly pay period beginning July 15, 2024, the employee earned more than \$425; thus, the employee has qualified for membership. The first PERA deduction was withheld in the pay period of July 15 through July 31, 2024. The date of 7/15/24 would be placed here in item 10. If you do not provide a date of eligibility, PERA will assume it is the same as the hire/start date reported in item 9.
- 11 Explain a delay in membership by more than 30 days by entering the three-digit PERA exclusion code that indicates the reason this person was not entitled to coverage by law. Acceptable codes can be found in the PERA Employer Reporting Manual. From the example in item 10 above, exclusion code 301 explains that the employee wasn't eligible on the hire date because monthly earnings were under \$425 before July 15, 2024.
- 12 Check the box that best describes how you, as the employer, classify the appointment status of this position.
- 13 Indicate by check mark the position title code that best describes the position held by this employee. Any position classified as a police officer or firefighter must meet the requirements in M.S. § 353.64.
- 14 Provide the employee's actual job title even if it is identical to the position title identified in item 13.
- 15 Indicate by check mark the pay cycle(s) that apply to the salary payments for the employee.
- 16 Sign the form, insert the date, and provide a daytime telephone number for future contacts if needed.

DATA PRIVACY

The data you provide on this form and on future Salary Deduction Reports and Member Information Change Reports will be used to keep an accurate record of the account value and individual data on the participant as needed to administer the provisions of PERA's Plans and the employee's participation therein. PERA requests that you provide the employee data (including the data classified as private) pursuant to Minnesota Statutes § 353.27, subd. 4, of the PERA law, and § 13.05, subd. 4(b) of the Government Data Practices Act. As required by Minnesota law, PERA will protect the private status of the employee data you provide to our association.

The Data Practices Act requires that an individual asked to supply private data be informed of the purpose and intended use within the collecting government entity and the identity of other agencies authorized to receive the data.

Thus, if not already doing so, your agency must disclose to your employees that certain private data you collect will be shared with PERA to determine their eligibility for membership.