

This form is only for employees appointed (hired) to perform governmental functions of a public officer.

For **elected** public officials or those appointed (selected) to complete the unfinished term of an **elected position**, **STOP**. Complete a *Membership Election by Public Officials* form instead.

PERA Defined Contribution Plan (DCP) **deductions must not begin until the eligible individual has made a written selection to participate**. Send this form to PERA only if the official has chosen to enroll.

PART A – GOVERNMENTAL UNIT CERTIFICATION OF ELIGIBILITY

NAME OF GOVERNMENTAL SUBDIVISION			PERA EMPLOYER NUMBER
NAME OF PUBLIC OFFICIAL (LAST, FIRST, M.I.)	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	POSITION TITLE
DATE HIRED—MM/DD/YYYY	PERSONAL EMAIL ADDRESS <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other_____		
<p>Check both boxes below to indicate that the named individual is eligible for DCP membership based on services they provide to the identified governmental entity.</p> <p><input type="checkbox"/> The named employee is a local public official appointed (hired) to a non-governing body position to perform governmental functions required of a public officer, such as township and city clerk or treasurer; county auditor, treasurer, or recorder.</p> <p><input type="checkbox"/> The employee's salary is less than \$425 in each month.</p> <p>I understand that if the \$425 minimum salary threshold is met in any future month, the employee is subject to mandatory membership under Minn. Stat. §353.01 Subd. 2a (a). At that time, DCP participation must stop and the public official must immediately be enrolled into PERA's Coordinated Plan until termination of employment. This does not apply to elected public officials or those appointed (selected) to complete the unfinished term of an elected position.</p>			
SIGNATURE OF EMPLOYER REPRESENTATIVE	POSITION	DATE	DAYTIME TELEPHONE NUMBER

PART B – MEMBERSHIP SELECTION OF EMPLOYED PUBLIC OFFICIAL

<p>Check both boxes below to choose participation in PERA's DCP Plan and acknowledge that if your earnings exceed \$425 in any month, you will meet the salary threshold for mandatory coverage by PERA's Coordinated Plan and your DCP eligibility must end.</p> <p><input type="checkbox"/> Defined Contribution Plan Participation. I choose to participate in DCP membership and understand that contributions required under Minnesota Statutes, section 353D.03, subdivision 1, will be withheld as of the next available pay period. With some exceptions, this membership may preclude withholding Social Security contributions from your public service earnings.</p> <p><input type="checkbox"/> Acknowledgment. I understand that if, at any time, my earnings exceed the minimum salary threshold set by Minn. Stat. §353.01 Subd. 2a.(a), my DCP participation must stop and I must immediately be enrolled into PERA's Coordinated Plan until termination of employment. At that time, Social Security taxes will be withheld from my earnings in addition to the deductions taken for coverage the Coordinated retirement plan.</p> <p>Note: PERA membership may, depending upon income, lower or eliminate the tax deductibility of contributions to an IRA.</p>		
SIGNATURE OF APPOINTED PUBLIC OFFICIAL	POSITION	DATE
MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)		DATE OF BIRTH