

PERA - Individual Record of Earnings



Public Employees Retirement Association

60 Empire Drive, Suite, 200, St. Paul, MN 55103-2088

PERA Employer Fax Number: 651 296-2493; Employer Phone Lines: 651 296-3636 or 1-888-892-PERA (7372)

Employers are to complete this form when:

- responding to a request from PERA for the employment status and earnings of an employee; or
- reporting the earnings of a PERA-eligible employee who was either overlooked or mistakenly excluded and for whom deductions were not withheld.

The information you provide will be used to determine eligibility or exemption from membership in PERA, in accordance with Minnesota Statutes, Chapters 353 and 353E. If the person is found eligible and is currently employed by your entity, you will be instructed to enroll the individual and begin withholding contributions immediately.

Employer Name:		Employer PERA ID No.:
Employee Name:		
Social Security Number:	Date of Birth:	
Street Address:		
City, State and Zip Code:		
Position Title: (complete separate forms for each position if the individual is employed in more than one non-elected position that has <u>not</u> been reported to PERA)		
If employee is a coach, list sport(s):		
Date of Hire for This Position:	Classification (FT, PT, Temp, Seasonal, other):	
Date(s) of Termination for This Position (if applicable):		
Have PERA deductions begun? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate dates of payroll period of first deductions:		
Does this person hold any other position with your agency? <input type="checkbox"/> No <input type="checkbox"/> Yes, list position title and indicate if PERA is or is not being withheld:		
Date Employer Believes Individual Became Eligible for PERA Coverage:		
Employer's Signature and Title:	Daytime Phone Number:	Date:

Provide employee earnings and exclusion information on the reverse side.

