



This form is only for **public officials** in an elected position or those serving on a board or commission.

If the public official is an “**appointed**” employee, **STOP**. Complete a *DCP Election by Appointed Public Officials* form instead.

Do not withhold contributions until the official has made a written selection to participate. Submitted contributions are refunded if a signed enrollment form is not received within 60 days. 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 ELECTED PUBLIC OFFICIAL (LAST, FIRST, M.I.)	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	POSITION TITLE
DATE PERSON TOOK OFFICE – MM/DD/YYYY	PAY CYCLE FOR THIS POSITION <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____		
Employer: Check the box that describes the basis for the official’s DCP eligibility with this governmental entity. <input type="checkbox"/> A. Elected non-governing body local public official (or appointed to fill the unfinished term of an elected position). <i>Example: County Auditor or Attorney, City or Township Clerk, Treasurer</i> <input type="checkbox"/> B. Elected governing body local public official in a body position (or appointed to fill the unfinished term of an elected position) <i>Example: county commissioner, city council member, school board member, township supervisor, soil & water board</i> <input type="checkbox"/> C. Person first appointed after June 30, 2010, to a board or commission of this governmental subdivision and whose compensation for this position is at least \$425 in a single month, or <input type="checkbox"/> D. Elected county sheriff who is <u>currently</u> receiving retirement benefits from the PERA Police and Fire Plan			
SIGNATURE OF EMPLOYER REPRESENTATIVE		DATE	DAYTIME TELEPHONE NUMBER

PART B – PUBLIC OFFICIAL MEMBERSHIP SELECTION

Public Official Certification: I understand that PERA membership is optional for the position named above and make the following choice with respect to my option for PERA membership. (Check only one). <input type="checkbox"/> Defined Contribution Plan Participation (DCP) – Open to ALL positions listed above Participation begins the date this form is received by PERA or the first day DCP contributions are taken from your salary. PERA must receive your signed form election within 60 days of your first contribution. With some exceptions, DCP membership may preclude withholding Social Security contributions from your public service earnings. » A choice for DCP coverage is revocable during incumbency, however, a full or partial distribution of account value is payable only upon termination of all public service unless you are age 65 or older. <input type="checkbox"/> Coordinated Plan – Open only to non-governing body positions (Box A) with a salary of at least \$425 in a single month Participation begins the date this form is received by PERA or the first day Coordinated Plan contributions are taken from your salary. PERA must receive your signed form election within 60 days of your first contribution. Social Security taxes will be withheld from earnings in addition to the deductions taken for coverage in this retirement plan. » A choice for Coordinated Plan coverage is irrevocable for your current and any successive terms in office. <input type="checkbox"/> No PERA Coverage – I choose to not exercise my right to join a PERA plan at this time. I understand that I must pay Social Security taxes unless I am an elected sheriff who is a retired member of the Police and Fire Plan. Note: PERA membership may, depending upon income, lower or eliminate the tax deductibility of contributions to an IRA.	
SIGNATURE OF PUBLIC OFFICIAL	DATE

IF YOU HAVE SELECTED PERA COVERAGE, PLEASE PROVIDE THE FOLLOWING INFORMATION

MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	DATE OF BIRTH
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