



TO EMPLOYER: A city manager with monthly earnings of \$425 or more must have salary deductions withheld for the PERA Coordinated Plan unless the person chooses instead to join the PERA Defined Contribution Plan (DCP) or to not participate in any PERA retirement plan. You are to complete Part A of this form and give it to a new city manager to indicate a choice of PERA retirement coverage in Part B. Please keep a copy after you have completed Part A until the individual returns the signed original. **Mail, fax, or submit through ERIS the completed form to PERA, with the city council resolution if applicable, and retain a copy in your records.**

PART A – CERTIFICATION BY A CITY REPRESENTATIVE

NAME OF CITY MANAGER (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
NAME OF GOVERNMENTAL SUBDIVISION	PERA EMPLOYER NUMBER	DATE EMPLOYMENT BEGAN	
PAY CYCLE THAT APPLIES TO THE SALARY FOR THIS CITY MANAGER/ADMINISTRATOR <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Annually <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____			
<p>I state that this individual is a City Manager as defined in Minn.Stat. § 353.028, subd. 1:</p> <p>...”city manager” means (1) a person duly appointed to and holding the position of city manager in a Plan B statutory city or in a home rule city operating under the “council-manager” form of government, or (2) a person appointed to and holding the position of chief administrative officer of a home rule charter city or a statutory city pursuant to a charter provision, ordinance or resolution establishing such a position and prescribing its duties and responsibilities...</p> <p>I further state that I have advised the named individual of the following retirement plan choices under PERA:</p> <ul style="list-style-type: none">» Coordinated Plan - Membership is required if monthly earnings will be at least \$425 and the individual does not exercise the right to be excluded from the Coordinated Plan within six months of the start of employment.» Defined Contribution Plan (DCP) – Membership is open to any city manager who chooses, within the first six months of employment, to be excluded from the Coordinated Plan and obtains a resolution from the city council approving the exclusion from the Coordinated Plan. Thereafter, DCP participation can begin at any time during employment. Furthermore, a city manager may subsequently choose to discontinue the DCP membership.» No PERA Participation - The individual may choose to be excluded from the Coordinated Plan within the first six months of employment, with city council approval, and may thereafter choose to not join the DCP.			
SIGNATURE OF CITY REPRESENTATIVE		DATE	DAYTIME TELEPHONE NUMBER

PART B – MEMBERSHIP ELECTION BY THE CITY MANAGER

I make the following choice with respect to becoming a member of the Public Employees Retirement Association. (Note: Check only one box as you may not contribute to two PERA plans for wages earned as city manager.)

- ☐ **Coordinated Plan*** – I accept the participation in the Coordinated Plan and choose to not exercise my right to be excluded from participating in this plan. I realize that I may revoke my membership in the Coordinated Plan by filing the *Election for Exclusion* from PERA within the first six months of my employment as a city manager.
- ☐ **Defined Contribution Plan (DCP)*** – I choose to be excluded from the Coordinated Plan and, instead, contribute to the DCP beginning the first day of the pay period following the date of this election. I understand that I may stop this coverage at any time during employment by providing written notice to PERA; and if such action is taken, I have a one-time irrevocable option to choose prospective coverage in the Coordinated Plan.
- ☐ **No PERA Plan** – I choose to be excluded from the Coordinated Plan and do not wish to join the DCP at this time. I understand that I may revoke this decision in the future with approval of the city council and may choose to either: 1) enroll in the DCP at any time during my employment; or 2) exercise a one-time irrevocable option to join the Coordinated Plan on a prospective basis by filing the *Election for Inclusion* in the Coordinated Plan.

***PERA membership may have tax consequences on contributions to a traditional IRA.**

SIGNATURE OF CITY MANAGER/ADMINISTRATOR	DATE
IF YOU HAVE SELECTED PERA COVERAGE, PLEASE PROVIDE THE FOLLOWING INFORMATION	
MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	DATE OF BIRTH