



TO EMPLOYER: Under Minnesota law, physicians, with monthly earnings of \$425 or more, must have salary deductions for coverage in the PERA Coordinated Plan unless the person elects within 90 days of the start of employment to participate in the Defined Contribution Plan administered by PERA. You are to complete Part A of this form and provide it to the physician to indicate in Part B a choice of PERA pension plans. Please keep a copy of this form after you have completed Part A and until you receive the signed original from the individual. Once Parts A and B are completed, please mail or fax this form to PERA and retain a copy for your records

PART A – CERTIFICATION BY EMPLOYER

NAME OF CITY MANAGER (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
MAILING ADDRESS (CITY, STATE, AND ZIP)		DATE OF BIRTH	
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 _____			
I state that I have advised the named physician of the following retirement plan choices under PERA: » Coordinated Plan - Membership is required of physicians with monthly earnings of \$425 or more and do not exercise their right to be excluded from coverage in this plan by enrolling in the DCP within 90 days of the start of their employment. » Defined Contribution Plan (DCP) - Membership is open to all physicians in governmental employment. The physician may exercise the option to enroll in the DCP within the first 90 days of employment. A decision to join the DCP is irrevocable for as long as the physician remains employed with the governmental employer.			
SIGNATURE OF CITY REPRESENTATIVE	DATE	DAYTIME TELEPHONE NUMBER	

PART B – MEMBERSHIP ELECTION BY THE PHYSICIAN

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 a physician.)	
<input type="checkbox"/> Coordinated Plan* – I understand that because I did not choose to enroll in the Defined Contribution Plan within the first 90 days of employment, and because my salary as a physician exceeds \$425 in a month, participation in the Coordinated Plan is required.	
<input type="checkbox"/> Defined Contribution Plan (DCP)* – I understand that my participation begins on the first day of the pay period next following the date of my coverage election. <u>I also understand that my election to enroll in the DCP is irrevocable and I will be covered by the plan until termination of public service with the current governmental employer.</u>	
SIGNATURE OF CITY MANAGER/ADMINISTRATOR	DATE