

TO EMPLOYER: This checklist is a tool to help you to determine if an employee, or a person elected to a local non-governing body position, is eligible for membership in a Defined Benefit Plan (DBP) administered by PERA. Use this checklist as a reference only. Keep it in the person's personnel file as documentation. **Do NOT submit it to PERA.**

Do not use this checklist if the person is excluded from PERA. Some common examples are:

- » under age 23 and a full-time student enrolled in and regularly attending classes at an accredited school, college, or university. Complete the *Full-Time Student Exclusion* form and keep it in your files.
- » receiving a monthly benefit from PERA as a disabiltant or retiree. Enroll these employees in the Exempt Plan.
- » elected to a governing-body position as that position is only eligible for the Defined Contribution Plan.
- » employed solely in a temporary or seasonal position for a pre-determined period of six consecutive months or less.

ELIGIBILITY CHECKLIST

NAME OF GOVERNMENTAL SUBDIVISION	PERSON COMPLETING FORM	DATE OF COMPLETION
NAME OF EMPLOYEE	POSITION TITLE	DATE EMPLOYMENT BEGAN

1. Check the box that most accurately describes the current employment situation for the person:

<input type="checkbox"/> New hire or rehire	<input type="checkbox"/> Employee has increased hours and/or wages
<input type="checkbox"/> New position	<input type="checkbox"/> Annual review of non-participants
2. Determine the anticipated monthly salary of the position. Use exact amounts, if known; otherwise, make a good faith estimate based on relevant factors (e.g. history of the position, budgeted amounts).
 - a. Number of work hours per day: _____ or per week: _____
 - b. Number of work days (or weeks) per month: _____
 - c. Multiply the total of 2a x 2b: _____ (estimated number of monthly work hours)
 - d. Rate of hourly pay: \$_____
 - e. Multiply the total of 2c x 2d: \$_____ (anticipated amount paid per month of the position)
3. Will the person serve in more than one position at the same time?

<input type="checkbox"/> Yes. Complete the steps below to calculate the anticipated monthly salary for the other position.
<input type="checkbox"/> No. Continue to step 4.

 - a. Number of work hours per day: _____ or per week: _____
 - b. Number of work days (or weeks) per month: _____
 - c. Multiply the total of 3a x 3b: _____ (estimated number of monthly work hours)
 - d. Rate of hourly pay: \$_____
 - e. Multiply the total of 3c x 3d: \$_____ (anticipated amount paid per month of the position)
 - f. Add 2e and 3e: \$_____ (estimated number of monthly work hours)
4. Is the position that of a local elected non-governing body position, a city manager, or a physician?

<input type="checkbox"/> Yes. The person has the option to join the Coordinated Plan or the Defined Contribution Plan but must do so in writing. Refer to the Employer Manual Chapters 3 and 4 for details about the form to be completed by the person and the time period in which they may exercise the right for optional membership.
<input type="checkbox"/> No. Continue to step 5.
5. Is the amount in 2e (or 3f) more than \$425?

<input type="checkbox"/> Yes. Immediately enroll the person in the appropriate PERA DBP and begin contributions.
<input type="checkbox"/> No. The person is excluded from DBP membership. The <i>Notice of Exclusion from PERA Membership</i> form is available to complete and give to the person within two weeks of making this determination. Monitor the person's monthly earnings and, if they exceed \$425, immediately enroll them in the proper DBP on the paycheck that they exceeded \$425 in a calendar month. Contact PERA to discuss the collection of omitted contributions if they were not enrolled as soon as they earned over \$425 in a calendar month.