

TO THE EMPLOYER: Individuals who started certain positions between February 1, 2024 and July 31, 2024 with this governmental subdivision can participate in optional PERA membership. Use this form for eligible individuals to record their final membership selection during the one-time open election period between October 1, 2024 and October 30, 2024. For each eligible individual, you must complete part A and inform them they must complete part B. 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, send the form to PERA by using the secure document upload feature in ERIS. You will receive a Transmit ID code upon successful submission.** You may also send the form by fax or mail; however, PERA must still receive the form by October 30, 2024. Keep a copy of the form for your records.

Note: If a city manager has opted out of the Coordinated Plan or a public official has selected to participate in the Defined Contribution Plan, a resolution is required.

PERA must receive the Open Election Period Selection Form between October 1, 2024 and October 30, 2024. Election forms received on or after October 31, 2024 will not be accepted.

PART A—TO BE COMPLETED BY THE EMPLOYER

NAME OF GOVERNMENTAL SUBDIVISION		PERA EMPLOYER NUMBER	
NAME OF INDIVIDUAL (LAST, FIRST, M.I.)		SOCIAL SECURITY NUMBER	
POSITION TITLE		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	
POSITION START DATE OR FIRST DATE IN OFFICE: MM/DD/YYYY	PAY CYCLE THAT APPLIES TO THE SALARY FOR THIS POSITION <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____		
<p>Employer: Check the box that describes the individual’s eligibility for the open election period. Eligible individuals must have first taken office or first been employed by this governmental subdivision between February 1, 2024 and July 31, 2024.</p> <p><input type="checkbox"/> A. City manager first employed by the city and currently enrolled in the Coordinated Plan</p> <p><input type="checkbox"/> B. 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></p> <p><input type="checkbox"/> C. Elected local public official in a governing 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></p> <p><input type="checkbox"/> D. Person first appointed to a board or commission of this governmental subdivision</p> <p><input type="checkbox"/> E. Appointed (hired) non-governing body local public official whose monthly salary does not exceed \$425 in single a month. <i>Example: township and city clerk or treasurer; county auditor, treasurer, or recorder</i></p> <p style="margin-left: 20px;">I understand that if the \$425 minimum salary threshold is met in any future month, the employee must become a member of PERA according to Minn. Stat. § 353.01 subd. 2a (a). At that time, DCP participation must stop and the public official must immediately be enrolled into PERA’s Coordinated membership group until termination of employment. Required participation does not apply to elected public officials or those appointed (selected) to complete the unfinished term of an elected position.</p> <p><input type="checkbox"/> F. Elected county sheriff who is currently receiving retirement benefits from the PERA Police & Fire Plan and who was not previously employed with the county</p> <p><input type="checkbox"/> G. Public ambulance service personnel</p>			
SIGNATURE OF EMPLOYER REPRESENTATIVE		DATE	DAYTIME TELEPHONE NUMBER

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PART B—TO BE COMPLETED BY THE ELIGIBLE INDIVIDUAL

FOR THE EMPLOYEE OR PUBLIC OFFICIAL: I make the following permanent choice about PERA membership during the one-time open election period.

Note: After you make your selection, return this form to your employer and they will submit it to PERA. You must sign the election form and PERA must receive the form between October 1, 2024 and October 30, 2024. Election forms received on or after October 31, 2024 will not be accepted.

Check only one.

Enroll in Defined Contribution Plan (DCP). Open to all positions listed in part A EXCEPT city managers (box A in part A).

Participation begins the date this form is received by PERA or the first day DCP contributions are taken from your salary. With some exceptions, DCP membership may exclude you from Social Security contributions from your public service earnings.

- » I understand that my selection is permanent for current and future service with this governmental entity.
- » If I am an appointed (hired) non-governing body local public official (box E in part A), I understand that if, at any time, my earnings exceed the minimum salary threshold set by Minn. Stat. § 353.01 subd. 2a.(a), my DCP participation must stop and I must immediately be enrolled into PERA’s Coordinated Plan until termination of employment. At that time, Social Security taxes will be withheld from my earnings in addition to the deductions taken for coverage of the Coordinated Plan.

Enroll in Coordinated Plan. Open only to non-governing body elected officials (box B in part A) with earnings over \$425 in a month.

Participation begins the date this form is received by PERA or the first day Coordinated Plan contributions are taken from your salary. Social Security taxes will be withheld from earnings in addition to the deductions taken for coverage in this retirement plan.

- » I understand that my selection is permanent for current and future public service that is eligible for the Coordinated Plan with this governmental entity.

Revoke Coordinated Plan. Open only to city managers (box A in part A).

I choose to not have any PERA membership.

- » I understand that my selection is permanent with this governmental entity until a termination of public service.
- » I understand Coordinated Plan contributions must be refunded or credited according to Minn. Stat. § 353.27 subd. 7.

Continue No PERA Coverage. Open to all positions listed in part A EXCEPT city managers (box A in part A).

I choose not to 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 & Fire Plan.

- » I understand that my selection is permanent for current and future DCP-eligible public service with this governmental entity.
- » If I am an appointed (hired) non-governing body local public official (box E in part A), I understand that if, at any time, my earnings exceed the minimum salary threshold set by Minn. Stat. § 353.01 subd. 2a.(a), I must immediately be enrolled into PERA’s Coordinated Plan until termination of employment.

Note: PERA membership may, depending upon income, lower or eliminate the tax deductibility of contributions to an IRA.

SIGNATURE OF INDIVIDUAL	DATE

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

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