

## New Employer Data

**Section A: Basis for participation** (Type or print clearly in dark ink. Illegible forms may be returned. This could delay your request.)

New state agency    New school    Coverage agreement    EE transfer from \_\_\_\_\_

**Section B: Employer information**

Employer common name		Employer legal name	
Employer number	Effective date of participation	Effective date of operation (if applicable)	
Employer street address	City	State	Zip+4
PO box	City	State	Zip+4
Employer phone	Employer fax	Employer website	

**Section C: Plan information**

Class/Joining  
 All    General service    Police officer    Firefighter    Other \_\_\_\_\_

Number of PERS employees \_\_\_\_\_

Contribution type  
 EPPT    MPPT    MPAT   Tax I.D # \_\_\_\_\_

**Section D: Sick leave (Chapter 238 Tier One or Tier Two only)**

Do you want to participate in the sick leave program? Yes  No  If yes, submit a written resolution.

**Section E: Reporting frequency**

Monthly    Bi-weekly    Semi-monthly    Weekly

**Section F: Reporting official information and signature**

Reporting official name (please type or print)	Title
Reporting official phone number	Reporting official e-mail
Reporting official signature (do not print)	Date

**PERS Office Use only**

Employer rate Chapter 238	Employer rate OPSRP - P&F/GS	Employer rate effective date
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System entry	
Initial	Date