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## Legislator Retirement Plan Election for PERS Members

This form is for legislators who are PERS members. If you are not in any PERS program, please fill out the Legislator Retirement Plan Election for Non-PERS Members.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number
			PERS number

### Section B: To be filled out by active or inactive PERS members

If you are an active or inactive Tier One/Tier Two or OPSRP Pension Program member elected as a legislator for a term beginning on or after August 29, 2003, fill out this section.

Please select one of the following three options if you are an active or inactive PERS member.

- I **want** to remain a PERS member for my legislative term.
- I **do not want** to be an active PERS member; however, I **want** to participate in the Oregon Savings Growth Plan(OSGP), the state deferred compensation plan\*\*.
- I **do not want** to be an active PERS member. I also **do not want** to participate in OSGP, the state deferred compensation plan.

**If you fail to provide written notice of your retirement plan election within 30 day after taking office, you will be an active PERS member for the purpose of your service in the Legislative Assembly.**

### Section C: To be filled out by retired PERS members

If you are a retired PERS member elected as a legislator, fill out this section .

Please select one of the following five options if you are a retired PERS member.

- I **want** to become an active PERS member for my legislative term.
  - I want to continue to receive PERS retirement benefits under ORS 238.092 or 238A.245.
  - I do not want to continue to receive PERS retirement benefits under ORS 238.092 or 238A.245.
- I **do not want** to be an active PERS member; however, I **want** to participate in OSGP, the state deferred compensation plan.
- I **do not want** to be an active PERS member. I also **do not want** to participate in OSGP, the state deferred compensation plan.

**If you fail to provide written notice of your retirement plan election within 30 day after taking office, you will not be an active PERS member for the purpose of your service in the Legislative Assembly.**

### Section D: Signature

Please sign and date below, and then return this form to PERS.



\_\_\_\_\_  
Signature (do not print)

\_\_\_\_\_  
Date

\*\*If you choose OSGP, the state deferred compensation plan, you will also need to complete an enrollment form and beneficiary designation form. If you do not provide this information, your contribution will go into a target date fund based on your age, and your beneficiary will default to your estate.

For office use only		For OSPA Coding				
Legislator's Election	PPDB Code	Retirement System Code	Retirement Status Code	Period ending date	P070	P050

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.

ORS 238.092, 238A.245 Form #459-430b (1/7/2015) SL3 IIM Code: 1001b