



11410 SW 68th Parkway, Tigard OR 97223  
Mailing Address – PO Box 23700, Tigard OR 97281-3700  
Toll free 888-320-7377 fax - 503-431-8293  
Website – <http://oregon.gov/pers>

## Instructions for Workers' Compensation Certification

Use this form to request PERS Tier One or Tier Two service credit under Oregon Revised Statutes Chapter 238.175 for periods of workers' compensation or disability.

See [periods of disability](#) (full cost purchase) on the PERS website for more information.

### General information

- Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.
- Do not change anything on this form; alterations will void the form.
- Complete Sections A, B, and C.
- If applicable, submit this form to your employer for completion of Section D.

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

Enter your name and complete address in the appropriate fields.

Enter your PERS number and SSN in the boxes provided. If you do not know your PERS number, leave the PERS number box blank. If you do not have an email address or prefer not to be contacted through email, leave that box blank.

### Section B: Employer information related to workers' compensation

Enter the employer name you worked for when you received workers' compensation.

### Section C: Certification method

If you are submitting this information yourself, select the first box.

If you are submitting this information to your employer to complete, select the second box.

### Section D: Employer certification

Employer: Select one of the boxes in this section to certify whether or not the member listed in Section A was or was not on an approved and compensable workers' compensation or disability claim during the period the member listed in Section B.

Sign and date the form, and mail to PERS, PO Box 23700, Tigard OR 97281-3700, or fax to 503-431-8293.

