



Elective and Appointive Membership Election

This form is strictly for the PERS Chapter 238 program (Tier One/Tier Two). Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number*								
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Mailing address (street or PO box)			PERS number (optional)								
City	State	Zip	Country								
			Date of birth (mm-dd-yyyy)								
Day phone number		Evening phone number	E-mail (optional)								

This form is only for PERS members. If you are a PERS retiree, please contact PERS Customer Service Center immediately at 503-598-7377 or toll free at 888-320-7377. Your retirement benefits may be affected by your elected or appointed office status even if you elect not to become an active member of PERS.

Section B: PERS election

A person who holds an elective or appointive office with a fixed term or who is appointed as the head of a department by the governor may become a member of PERS by providing written notice of their desire to do so to PERS within 30 days after taking office.

Date on which I took office: _____

To Public Employees Retirement Board:

I hereby elect to become a active member of the PERS Chapter 238 program and IAP, and authorize my employer to deduct the required contributions from my salary or to make the necessary contributions on my behalf.

 Signature (do not print) _____
 Date

This election will be effective on the first of the month following its receipt by PERS.

- Return this election to your employer.
- **Employer**, please forward this election to PERS.

Office use only		
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input checked="" type="checkbox"/> IAP
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN		

* 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.