



## Elective and Appointive Membership Election

### 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		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Email (optional)	

**This form is only for persons who are not PERS Tier One/Tier Two or Oregon Public Service Retirement Plan (OPSRP) members. If you are a retired PERS member, please contact PERS Members Services immediately at 503-598-7377 or toll free at 888-320-7377. Your retirement benefits may be affected. Current OPSRP members may not elect out of OPSRP programs.**

### Section B: PERS election

ORS 238A.100(2) states that persons holding elective or appointive offices with fixed terms may elect **not** to become Oregon Public Service Retirement Plan (OPSRP) Pension Program and Individual Account Program (IAP) members by submitting a written notice to PERS within 30 days after taking office. Failure to submit this form will result in the employee becoming an active member of the OPSRP Pension Program and IAP.

Date on which I took or will take office: \_\_\_\_\_

To Public Employees Retirement Board:

I hereby elect **not** to become a member of the OPSRP Pension Program and IAP. I understand this election is irrevocable during this term of office.

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

\_\_\_\_\_  
Date

- Return this form to your employer.
- **Employer:** please forward this form to PERS.

An **elected** or **appointed official** is a person appointed by the governor to an office as head of a department or a person elected or appointed to an office with a fixed term other than a member of the Legislative Assembly.

Office use only		
<input type="checkbox"/> PERS	<input checked="" 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.