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Police Officer and Firefighter (P&F) Unit Purchase

This form is strictly for PERS Tier One/Tier Two Police and Fire members. Contact PERS for an estimate of unit purchase cost.

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

Fill out either Section B: unit election or Section C: Resumption of unit contributions.

Return this form to your payroll office, and instruct the payroll personnel to complete Section D and forward your form to PERS.

Section B: Unit election

I elect to begin making contributions to purchase P&F units.

Only PERS Tier One/Tier Two P&F members may make this election. OPSRP members are not eligible to make P&F unit purchases.

I confirm that I am an active PERS Tier One/Tier Two P&F member eligible to purchase units. I elect to purchase the number of units indicated below. I understand I cannot adjust the number of units purchased after making this initial election.

Check the number of units you would like to purchase.

1 2 3 4 5 6 7 8

I authorize my employer to withhold and remit to PERS the calculated monthly contribution as a payroll deduction.

I am employed by _____

 Employee signature (do not print) Date

Section C: Resumption of unit contributions

I elect to resume making contributions to purchase P&F units.

I previously made an election to purchase P&F units and wish to resume making contributions.

I elect to resume unit contributions with my current employer: _____.

I authorize my employer to withhold and remit to PERS the calculated monthly contribution as a payroll deduction.

 Employee signature (do not print) Date

Section D: Employer confirmation

I confirm this employee is eligible for unit contributions. Employer number _____.

 Employer signature (do not print) Date

*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.