

Instructions for Certification of Non-Participating Oregon PERS Employer for Police or Firefighter

Important: Read instructions before you complete and submit this application.

If you were a police officer or firefighter employed with a non-participating Oregon PERS employer before you became an Oregon PERS member, you may be eligible to purchase retirement credit for that service.

To qualify:

- You must have been employed by a public employer as a police officer or firefighter as defined in ORS 238.005.
- Your previous employer must not have participated in PERS at the time you were employed and must be located in Oregon.

PERS strongly recommends you start this process early. The certification process can take weeks or months and PERS must receive information required from your non-participating employer(s) to complete your request.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned.
- Make a copy of all forms for your records.
- You are responsible for obtaining the certification and submitting this completed form to PERS.

Section A: Member information

- Fill out this section completely.
- 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.
- If you do not know your PERS number, leave the space blank.
- Please provide your phone numbers and email address so we can reach you with information or questions about your application.

Section B: Non-participating employer information (to be completed by member)

- Fill out this section completely.

Section C: Member authorization

- Enter the number of months and years you want to purchase.
- Enter the month and year you want the purchase to be effective.
- After you have completed Section C, submit this form to each of your non-participating employers.

Section D: Non-participating employer information (to be completed by employer)

- Each **non-participating employer** needs to complete this section.
- Check **either** full-time or part-time. If the member works part-time enter the percentage of hours worked relative to a full-time position. Example: If a normal work week is 40 hours and the member works 20 hours, you would enter 50 percent in the appropriate box.
- Enter the number of months the member served with your agency.
- Forward this form to the **retirement plan** in which the member was enrolled during the time of service.

Section E: Non-participating retirement plan information

- The **retirement plan** in which you participated during the period of **employment with the non-participating employer** completes this section.
- **Instructions to retirement plan:** The member named in Section A may be eligible to purchase additional service time with the Oregon Public Employees Retirement System. Please fill this section out completely so PERS can determine eligibility.
- Return this form to the member named in Section A.



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

First name	MI	Last name	Social Security number*
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		Email (optional)

Section B: Non-participating employer information (to be completed by member)

Former employer name	
Employment began (mm/dd/yyyy)	Employment ended (mm/dd/yyyy)
Other names used with former employer	

Section C: Member authorization

I wish to purchase _____ years _____ months of retirement credit for employment as a police officer or firefighter with a non-participating Oregon public employer.

I authorize the public employer and retirement system to release any information the Oregon Public Employees Retirement System requests pertaining to my request for retirement credit.

I would like the date of this purchase to be effective _____ 1, _____ (month) (year)

 Member 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 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.

Name: _____ Social Security number: _____

Section D: Non-participating employer information (to be completed by employer)

The member named in Section A of this form is a member of the Oregon Public Employees Retirement System (PERS) and wishes to purchase retirement credit for **non-participating police officer or firefighter public employment**. Please complete this section for service rendered by the member named in Section A. Your prompt response is requested to avoid an unnecessary delay in the retirement process.

Name of employer	Term of service						Full-time	Part-time	If part-time, full-time equivalent	Number of months served
	From			To						
	Month	Day	Year	Month	Day	Year				

I certify the member named in Section A was employed with a non-participating Oregon public employer as a police officer or firefighter during the term of service listed above.

From the official records of _____
Name of public employer

Address _____ Phone number _____

Signature _____ Title _____ Date _____

Please forward this completed form to the **retirement plan** in which this person was enrolled during the above term of service. Thank you for your assistance.

Section E: Non-participating retirement plan information

Federal law does not allow retirement credit for service time if the member named in Section A is receiving or is entitled to receive a pension or retirement allowance for that same period under another plan. To help us determine eligibility, please answer the following questions:

1. Was the individual ever a member of your public retirement plan? Yes No
2. Is this individual eligible for or entitled to periodic benefit payments from your plan? Yes No
3. Did the individual refund, withdraw, or forfeit his/her right to a retirement benefit? Yes No
4. Is this an employer-sponsored retirement plan for public employees? Yes No

If no, explain the type of plan _____

From the official records of _____
Name of retirement plan

Address _____ Phone number _____

Signature _____ Title _____ Date _____

Please return this completed form to the member named in Section A.

The member is responsible for obtaining the certification and submitting this completed form to PERS.

Thank you for providing the requested information.

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