

First name

11410 SW 68th Parkway, Tigard OR 97223 Mailing Address - PO Box 23700, Tigard OR 97281-3700 Toll free 888-320-7377 fax - 503-598-0561 Website - http;//oregon.gov/pers

ΜI



Social Security number*

PERS number (optional)

Police Officer and Firefighter Unit Purchase Election at Retirement

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

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

Last name

Section B: Important unit purchase infor	rmation: READ CARE	FULLY	
As a police officer and firefighter (P&F) mem to make additional contributions to purchase u			stem (PERS), you may elect
 Each unit purchased provides a \$20 more contributions and \$10 from employer contributions. 		S for up to 60 mon	ths—\$10 from your
• You may purchase the units in a lump-st less than age 60.	um payment within 90 day	s prior to your ser	vice retirement date if you are
 You may make a final payment of the to 	otal amount required to pur	chase the maximu	m eight units.
 You must be actively employed in a PEl eligible to make this purchase. 	RS-covered P&F position	at the time PERS	receives your payment to be
** Only P&F members of the PERS Chapter No unit election for the Oregon Public Serv			
Section C: Unit purchase			
To make the unit purchase, return this sign your Service or Disability Retirement Applic	ed form with a check parcation.	yable to PERS. T	This form should accompany
$oldsymbol{\square}$ I wish to purchase the maximum eight units	of additional benefits. I ha	ve enclosed my ch	eck in the amount of \$4,000.
☐ I wish to pay the remaining balance for eight	ht units of additional bene-	fits. I have enclose	ed my check in the amount of
\$ The remaining balance	was calculated based on co	ontinued payroll d	eduction of unit contributions
through1, with a u (Year)	init benefit effective date of	of1	,·
		` /	` /
Any changes in the date of last payroll deduction purchase cost.	on or in your anticipated u	nit benefit effectiv	ve date may result in a differen
Section D: Applicant signature			
			Office use only PERS OPSRP IAP
Applicant signature (do not print)	Date	Į (☐ Member ☐ Alternate payee ☐ Cross reference member SSN
Applicant (print)		RA	ck number ck amount \$ date als