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Legislator Retirement Plan Election for Non-PERS Members

This form is for legislators who are not PERS members. If you have participated in any PERS program, please fill out the Legislator Retirement Plan Election for PERS Members.

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

First name	MI	Last name	Social Security number*
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If you are **not** a PERS member, please complete Section B below.

A non-PERS member is defined as a:

- newly elected official with no previous PERS-covered employment,
- re-elected official with a previous Oregon Savings Growth Plan (OSGP) election, or
- re-elected official having previously declined to become an active PERS member.

If you fail to provide written notice of your retirement plan election within 30 days after taking office, you will decline to participate in a retirement program for this legislative term.

Section B: Plan election

If you are elected as a legislator for a term beginning on or after August 29, 2003, and are **not** a PERS member, please choose one of the options below.

- I **want** to participate in the Oregon Savings Growth Plan, the state deferred compensation plan.
- I do **not** want to participate in the Oregon Savings Growth Plan, the state deferred compensation plan. As a result, I will not participate in a retirement program for this legislative term.

*If you choose OSGP, you will also need to complete an enrollment form and beneficiary designation form. If you do not provide this information, your contribution will go into a target date fund based on your age, and your beneficiary will default to your estate.

Signature (do not print)

Date

For office use only		For OSPA Coding				
Legislator's Election	PPDB Code	Retirement System Code	Retirement Status Code	Period ending date	P070	P050

*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.