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## Acknowledgment of Potential Consequences Relating to Working After Retirement

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

### Section B: General information

It is your responsibility to be informed of the work after retirement restrictions that may apply to you as a Tier One/Tier Two retiree pursuant to Oregon Revised Statutes (ORS) 238.078, 238.082, and 238.092, and Oregon Administrative Rules (OAR) 459-017-0060. These restrictions are described in the PERS document entitled [Working After Retirement Information for Tier One/Tier Two Retirees](#).

Your signature in Section C below acknowledges you have read the PERS document entitled Working After Retirement Information for Tier One/Tier Two Retirees and understand the potential consequences for working for a PERS-covered employer after retirement. You must sign and date the applicant signature line. Unsigned forms could delay processing your benefits.

### Section C: Acknowledgment

By signing below I acknowledge that I have received and read the PERS document entitled [Working After Retirement Information for Tier One/Tier Two Retirees](#).

\_\_\_\_\_  
 Applicant 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 can request help by calling 888-320-7377, or TTY 503-603-7766.