

NOTICE OF MEMBER ENROLLMENT

into PERA's Defined Benefit Plan

(Coordinated, Police & Fire, Correctional or Basic Plans)

Public Employees Retirement Association 60 Empire Dr., Ste. 200, Saint Paul MN 55103-2088
 Employer Fax Number: 651-296-2493; Employer Lines: 651-269-3636 or 1-888-892 PERA (7372)



To the Employer: Complete this form for an employee who meets the requirements defined in M.S. §353.01, subd. 2a or 2d(b), for coverage in one of PERA's Defined Benefit Plans (Coordinated, Correctional, Police and Fire, or Basic). Completion is required regardless of the person's prior membership, or when changing an employee's coverage from one Minnesota pension system (i.e., TRA or MSRS) to PERA. Do not use this form to enroll a local elected official, city manager, or physician who qualifies under the optional membership provisions defined in M.S. §353.01, subdivision 2d(a). Separate membership election forms are to be used for those positions and they are available in the Employer Manual or online at www.mnpera.org.

1. Employee's Social Security Number - -	This must match the person's Social Security card and the number recorded in your records. PERA cannot process an enrollment without this data.
2. Employee's Name: Last First Middle Initial Title (Jr. Sr. III)	Birth Last Name (if known)
3. Employee's Mailing Address: Number and Street, Rural Route, PO Box, etc. City State Zip Code	
4. Employee's Date of Birth: / /	5. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Plan in Which Employee Qualifies based on Position Held (must match plan data you report on the SDR): <input type="checkbox"/> Coordinated – This employee meets the requirements of this plan as defined in M.S. §353.01, subdivision 2a, or subdivision 2d(b). <input type="checkbox"/> Police & Fire – This employee meets the requirements of this plan as defined in M.S. §353.34 (Except for full-time police officer and firefighter positions, you must declare the position's eligibility through a resolution adopted by your agency's governing body (such as the county commissioners or city council). A resolution is also required for a Police & Fire member who is transferred to a different police or fire-related position. <input type="checkbox"/> Correctional – A signed <i>Correctional Officer Certification</i> form must accompany the enrollment form. <input type="checkbox"/> Basic – Membership is restricted to members who transfer from one governmental unit to another with less than a 30-day break in their public service. Contact PERA to verify an employee's eligibility for this plan.	
7. Employer No. (6-digit PERA ID#)	8. Name of Employer (Name of Governmental Subdivision and Department)
9. Hire/Start Date for this Position: / /	10. PERA Eligibility Date for this Position: / /
11. Exclusion – If employee's membership was delayed by more than 30 days, indicate, using PERA exclusion codes, the reason this person was not entitled by law to coverage.	Exclusion Code Explanation (if necessary)
12. Position Appointment Classification: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intermittent/On-call <input type="checkbox"/> Seasonal <input type="checkbox"/> Other – Explain	13. Position Title Classification: <input type="checkbox"/> Administrator <input type="checkbox"/> Paramedic/EMS <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Police Officer, Sheriff or Deputy Sheriff ¹ <input type="checkbox"/> Firefighter ¹ <input type="checkbox"/> Medical Physician <input type="checkbox"/> Other (meaning none of the above) ¹ As defined in M.S. §353.64
	14. Job Title
	15. Pay Cycle(s) that apply to the salary for this person: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:
I certify that this information is correct to the best of my knowledge. I believe that this person is a public employee under Minnesota Statutes Chapter 353 and affirm that the position held qualifies for the coverage requested. I understand that the processing of this form and deductions by PERA is not to be construed as approval of eligibility by them.	
16. Authorized Agent's Signature (Do not type or print)	Date / /
	Daytime Telephone No.

Instructions on Completion of the Notice of Enrollment into PERA's Defined Benefit Plan:

- 1-5 Provide each of the data items requested on the employee who is being enrolled in PERA.
- 6 Indicate, by check mark, the PERA plan in which the person is being enrolled. As indicated for each plan, some enrollments require additional documentation from your employing unit.
- 7-8 Insert the appropriate six-digit ID Employer number that has been assigned by PERA and the name of your governmental entity including the department in which the employee works. The employer number placed in box 7 should match the six-digit number found on the *Salary Deduction Report* (paper or electronic) upon which this person will be listed.
- 9 Insert the date the person started working in this position, regardless of whether this is a new hire or reinstatement. Example of New Employee: An employee begins work on April 5, 2006 and is immediately eligible for PERA. The hire date of 04/05/06 is to be reported and it should be consistent with the coverage dates in which the first PERA deduction is withheld (such as April 1-30, 2006, in this April 5 hire date example). Example of Reinstatement: An employee who worked for an employer previously (02/01/1999 – 03/15/2000) is rehired on June 15, 2006 and is immediately eligible for membership. The hire/start date in this instance is 06/15/2006.
- 10 Indicate the date of eligibility for PERA coverage and deductions. This should coincide with the pay period in which the first PERA deduction was withheld for the employee. Example: A person began work on March 1, 2002 (box 9), but did not earn over \$425 in a month. For the semi-monthly pay period beginning July 1, 2006, the person earned more than \$425; thus, the position has qualified for membership. The first PERA deduction was withheld in the pay period of July 1 through July 15, 2006. The date of 7/01/06 would be placed here in item 10. **If you do not provide a date of eligibility, PERA will assume it is the same as the hire/start date reported in item 9.**
- 11 Explain a delay in membership by more than 30 days by entering the three-digit PERA exclusion code that indicates the reason this person was not entitled to coverage by law. Acceptable codes can be found in the PERA Employer Reporting Manual. From the example in item 10 above, exclusion code 301 explains that the employee wasn't eligible on the hire date because monthly earnings were under \$425 before July 1, 2006. Exclusion codes can be found in the Eligibility and Earnings chapter of the Employer Manual.
- 12 Check the box best describing how you, as the employer, classify the appointment status of this position.
- 13 Indicate by check mark the position title code that best describes the position held by this employee. Any position classified as a police officer or firefighter must meet the requirements in M.S. § 353.64.
- 14 Provide the employee's actual job title even if it is identical to the position title identified in item 13.
- 15 Indicate by check mark the pay cycle(s) that apply to the salary payments for the employee.
- 16 Sign the form, insert the date, and provide a daytime telephone number for future contacts if needed.

Data Privacy

The data you provide on this form and on future *Salary Deduction Reports and Member Information Change Reports* will be used to keep an accurate record of the account value and individual data on the participant as needed to administer the provisions of PERA's Plans and the employee's participation therein. PERA requests that you provide the employee data (including the data classified as private) pursuant to Minnesota Statutes § 353.27, subd. 4, of the PERA law, and § 13.05, subd. 4(b) of the Government Data Practices Act. As required by Minnesota law, PERA will protect the private status of the employee data you provide to our association.

The Data Practices Act requires that an individual asked to supply private data be informed of the purpose and intended use within the collecting government entity and the identity of other agencies authorized to receive the data. Thus, if not already doing so, your agency must disclose to your employees that certain private data you collect will be shared with PERA to determine their eligibility for membership.