

## PERS MEMBERSHIP - LOCAL ELECTED OFFICIAL For Current PERS Members

MEMBER INFORMATION				
Last Name	First Name, MI		Social Se	curity Number *
Date of Birth	Local Government Agency		l	
Mailing Address				
City		State	Zip Code	
Daytime Phone Number	Email Address		Date Office	cially Took Office:
Type Of Position (check one):				
As a newly elected official who is a PERS member:  • You may elect to participate in PERS for this position. Regular contributions will be deducted from your compensation as a local government elected official.  • You may decline participation in PERS for this position if you will work less than 960 hours in a fiscal year. However, if you exceed the 960 hours in this elected position, membership in and contributions to PERS become mandatory. (§ 19-3-412, MCA)  Note: If you elect or later become required to participate in PERS for this position, you must terminate all PERS-covered employment, including your elected position, to be eligible for retirement benefits.  If you do not file this form within 90 days of taking office, you waive membership in PERS for this position and will only become a member if you work more than 960 hours in a fiscal year.				
MEMBERSHIP ELECTION - To Be Completed by Local Elected Official				
☐ I will continue to participate serving as a local elected official	☐ I <b>decline</b> to participate in PERS while serving as a local elected official.			
Signature				Date

Return this form to your payroll clerk to file with MPERA within 90 days of taking office.