



Optional Election Membership

INSTRUCTIONS:

- This form is recommended for any employer whose PMRS-administered pension plan allows for optional membership in the plan.
- Employees should be notified of optional membership on or before the date on which the employee becomes eligible for membership.
- Plans with *pre-tax* contributions must have employees elect or decline membership within ninety (90) days from the date of notification.
- Plans with *after-tax* contributions must have employees elect or decline membership within one (1) year from the date of notification.
- Membership in the plan is on a prospective basis following the employee's election to participate.
- Failure to notify employees of the right to membership by the date of eligibility may result in a financial liability to the employer.
- Contact PMRS at (800) 622-7968 with any questions.
- Type or print all entries in ink.

FOR EMPLOYER AND EMPLOYEE RETENTION DO NOT SUBMIT TO PMRS

PART A: EMPLOYER INFORMATION (to be completed by employer)					
1. DATE OF HIRE	2. DATE OF NOTIFICATION	3. ELECTION DEADLINE	4. EMPLOYMENT STATU	4. EMPLOYMENT STATUS	
		/	Part-Time	Temporary	
			Seasonal	Elected Official	
5. EMPLOYING MUNICIPALITY			6. Employer Code		
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7. I, AS AN AUTHORIZED REPRESENTATIVE OF THE MUNICIPALITY, CERTIFY THE INFORMATION ABOVE IS TRUE AND ACCURATE.					
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			/ /		
Signature of Municipal Contact			MM DD YYY	Y	
PART B: EMPLOYEE INFORMATION (to be completed by employee)					
8. NAME			9. SOCIAL SECURITY N	UMBER	
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First Middle Last Suffix PART C: EMPLOYEE NOTIFICATION (to be completed by employee)		лх			
TART C. EMI LOTEE NOTIFICATION (to be completed by employee)					
10. NOTIFICATION. On the date indicated below, I was notified of my right to participate in my employer's pension plan administered by PMRS.					
I acknowledge the following (please initial all):					
I have the ability to participate in my employer's pension plan, administered by PMRS.					
I understand that my decision is binding and irrevocable for the entire period in which I am in optional employment status.					
I have read and understand the information contained in this election form.					
I understand that I must complete an application for enrollment if I elect to participate in the pension plan.					
I understand that I have until the deadline indicated in Part A to enroll in the plan.					
All information I have supplied is true and correct.					
	Signature of Employee				
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