

**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  _____ / _____ / _____ <small>MM / DD / YYYY</small>	2. DATE OF NOTIFICATION  _____ / _____ / _____ <small>MM / DD / YYYY</small>	3. ELECTION DEADLINE  _____ / _____ / _____ <small>MM / DD / YYYY</small>	4. EMPLOYMENT STATUS  <div style="display: flex; justify-content: space-around;"> <span>Part-Time</span> <span>Temporary</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Seasonal</span> <span>Elected Official</span> </div>
5. EMPLOYING MUNICIPALITY  _____			6. Employer Code  ____ - ____ - ____ - ____

7. I, AS AN AUTHORIZED REPRESENTATIVE OF THE MUNICIPALITY, CERTIFY THE INFORMATION ABOVE IS TRUE AND ACCURATE.

\_\_\_\_\_ Signature of Municipal Contact \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY

**PART B: EMPLOYEE INFORMATION (to be completed by employee)**

8. NAME  _____ <small>First</small> _____ <small>Middle</small> _____ <small>Last</small> _____ <small>Suffix</small>	9. SOCIAL SECURITY NUMBER  _____ - _____ - _____
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**PART C: EMPLOYEE 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY