



Elected Official Participation / Waiver

PERS Defined Contribution Retirement (DCR) Plan

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3363

SECTION I. PERSONAL DATA

EMPLOYEE NAME (LAST / FIRST / M.I.)		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		HOME TELEPHONE NUMBER	
CITY		STATE	ZIP
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		DATE OF BIRTH 	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		PERS EMPLOYER	
WORK TELEPHONE NUMBER		 	

SECTION II. PARTICIPATION ELECTION

NOTE: Do not fill out this form if you do not receive compensation of at least \$2,001 per month for your elected official service as you are not eligible to participate in the PERS DCR Plan.

DIRECTIONS: As a compensated elected official of a Public Employees' Retirement System (PERS) covered employer that participates in the Defined Contribution Retirement (DCR) Plan, you have the opportunity to participate in the PERS DCR Plan. Within **30 days** after your term of office begins, you must decide to either waive membership rights or become a contributing member of the PERS DCR Plan. Under Alaska Statute 39.35.725, Participation of Elected Officials, your employer must enroll you in the PERS DCR Plan unless:

- Your covered employer has not designated elected officials under AS 39.35.957 as a classification of employees entitled to participate in the plan.
- You waive PERS DCR Plan membership by signing a written waiver which is filed with the Division of Retirement and Benefits. To be eligible to waive participation in the PERS DCR Plan, you must have had no previous employment under the system with this political subdivision or have retired under the system.

If you are currently employed as a full-time PERS or Teachers' Retirement System (TRS) member, or you are retired, please contact the Division of Retirement and Benefits at the phone number listed above to find out if this participation will benefit you.

I hereby elect to: (check one)

- Waive membership in the PERS effective upon my employment as an elected official.
Note: I understand that waiving my participation is irrevocable for the entire period of elected official service AND any employment for this political subdivision. I further understand that credited service cannot be claimed for periods when waivers are or have been in effect.
- Elect to become a member of the PERS effective upon my employment as an elected official.

EMPLOYEE SIGNATURE	DATE
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SECTION III. MUST BE COMPLETED BY PERS EMPLOYER

I certify that the employee is compensated for elected official service as defined in AS 39.35.680 (15) and also receives at least \$2,001 per month under AS 39.35.725(b)(2).

EMPLOYER SIGNATURE	EMPLOYER NUMBER	DATE
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