PERS
PUBLIC EMPLOYEES' RETIREMENT SYSTEM

ALASKA DIVISION OF
Retirement and Benefits

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

Elected Official Participation/Waiver

PERS Defined Benefit Retirement Plan

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

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

FOR OFFICE USE ONLY

SECTION I. PERSONAL DATA

NAME (FIRST / M.I. / LAST)		LAST 4 OF SOCIAL SECURITY NUMBER OR RIN	
MAILING ADDRESS	CITY	STATE	ZIP+4
DATE OF BIRTH (MM/DD/YYYY)	MARITAL STATUS ☐ MARRIED ☐ SINGLE ☐ SAME-SEX PARTNER ☐ DIVORCED ☐ WIDOWED		GENDER ☐ MALE ☐ FEMALE
EMPLOYER	HOME TELEPHONE NUMBER ( )	WORK TELEPHONE NUMBER ( )	

SECTION II. PARTICIPATION ELECTION

Note: If you do not receive compensation for your elected official service, skip to Section III.

Directions: As a compensated elected official of a Public Employees' Retirement System (PERS) covered employer, you have the opportunity to participate in the PERS. After being elected, you must decide to either waive membership rights or become a contributing member of the PERS. Under Alaska Statute 39.35.125, Participation of Elected Officials, your employer must enroll you in the PERS unless you waive PERS membership by signing a written waiver which is filed with the Division of Retirement and Benefits. 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 to find out if this participation will benefit you.

I hereby elect to: (check one)

☐ Waive membership in the PERS effective ______________________________________.
Note: *Credited service cannot be claimed for periods when waivers are or have been in effect.*

☐ Revoke my previous waiver and become a member of the PERS effective ________________________________.
Note: *This should be checked only if you have waived membership in the past. Employer must now withhold contributions and enroll employee in PERS.*

☐ Elect to become a member of the PERS effective upon my employment as an elected official.
Note: *Employer must now withhold contributions and enroll employee in PERS.*

EMPLOYEE SIGNATURE	DATE

SECTION III. NONCOMPENSATED ELECTED OFFICIALS

DIRECTIONS: COMPLETE THIS SECTION IF YOU ***DO NOT*** RECEIVE COMPENSATION FOR YOUR ELECTED OFFICIAL SERVICE.

☐ I understand that if I am ***not*** compensated as an elected official as defined in AS 39.35.680(15), I am not eligible to participate in the PERS.

EMPLOYEE SIGNATURE	DATE

SECTION IV. FOR EMPLOYER USE ONLY (Select one)

☐ Please enroll the employee in PERS, based upon employee election to participate in the PERS.

☐ I certify that the employee is not compensated for elected official service as defined in AS 39.35.680 (15).

EMPLOYER SIGNATURE	EMPLOYER NUMBER	DATE