OREGON PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 Fax – 503-598-0561
Website – https://oregon.gov/pers

1001b

Legislator Retirement Plan Election for PERS Members

This form is for legislators who are PERS members. If you are not a PERS Member, you may contact Oregon Savings Growth Plan (OSGP) at osgpcustsvc.pers@pers.oregon.gov for enrollment information.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number
			PERS number

Section B: To be filled out by active or inactive PERS members

If you were an active or inactive Tier One/Tier Two or OPSRP Pension Program member when you were elected or appointed as a legislator, fill out this section.

Please select one of the following options if you are an active or inactive PERS member.

☐ I **want** to remain a PERS member for my legislative term.

☐ I **do not want** to be an active PERS member but I do want to participate in OSGP, the state deferred compensation program. I understand that I must contact OSGP at osgpcustsvc.pers@pers.oregon.gov for enrollment information unless I am already participating as a legislator in OSGP.

☐ I do not want to be an active PERS member. I also do not want to participate in OSGP, the state deferred compensation program.

If you fail to provide written notice of your retirement plan election within 30 day after taking office, you will be an active PERS member for the purpose of your service in the Legislative Assembly.

Section C: To be filled out by retired PERS members

If you were a retired Tier One/Tier Two or OPSRP Pension Program member when you were elected or appointed as a legislator, fill out this section.

Please select one of the following four options if you are a retired PERS member.

☐ I **want** to become an active PERS member for my legislative term.

- ☐ I want to continue to receive PERS retirement benefits under ORS 238.092 or 238A.245.
- ☐ I do not want to continue to receive PERS retirement benefits under ORS 238.092 or 238A.245.

☐ I **do not want** to be an active PERS member but I do want to participate in OSGP, the state deferred compensation program. I understand that I must contact OSGP at osgpcustsvc.pers@pers.oregon.gov for enrollment information unless I am already participating as a legislator in OSGP.

☐ I do not want to be an active PERS member, I also do not want to participate in OSGP, the state deferred compensation program.

If you fail to provide written notice of your retirement plan election within 30 day after taking office, you will not be an active PERS member for the purpose of your service in the Legislative Assembly.

Section D: Signature

Please sign and date below, and then return this form to PERS.

Signature (do not print) _____ Date _____

For office use only		For OSPA Coding				
Legislator's Election	PPDB Code	Retirement System Code	Retirement Status Code	Period ending date	P070	P050

***Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.**

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling **toll free 888-320-7377** or **TTY 503-603-7766.**

Print Form Clear Fields