



MEMBER ENROLLMENT (Choice Agency)

693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 - Fax (775) 687-5131
5820 S. Eastern Ave. Suite 220, Las Vegas, NV 89119 (702) 486-3900 - Fax (702) 678-6934
7455 W. Washington Avenue, Suite 150, Las Vegas, NV 89128 (702) 486-3900 – Fax (702) 304-0697
Toll Free Number 1-866-473-7768 Website www.nvpers.org

This form should be completed for all new hires that are eligible for enrollment under NRS 286.293. This form is also used to enroll persons who have returned from leave without pay or from ineligible status, or for a retired employee electing to re-enroll under authority of the Critical Need Provision.

Member Information (Please print legibly, using black or blue ink)

SS# _____/_____/_____

Name: _____ Date of Birth: _____/_____/_____

First MI Last – Suffix

Mo Day Yr

Address: _____

Married Single Registered Domestic Partner

City: _____ State: _____ Zip: _____

Male Female

Prior Agency / Name Information

List prior Nevada Public Agencies where you have worked: _____

List any other names under which you were enrolled in PERS: _____

Are you currently employed with a second Nevada public employer? _____ Yes, please list: _____

Election of Contribution Plan (Before initialing below, be sure to read the accompanying form entitled "Contribution Plan Descriptions" for a full explanation of the two contribution plans available to you).

Initial One: _____ Employee/Employer Plan _____ Employer-Pay Plan

Member's Signature: _____ Date: _____

Agency Information and Certification (To be completed and signed by agency liaison officer or authorized rep.)

Agency Name: _____ Budget #: _____ Agency # _____

3-Digit Number

Member Enrollment Date: _____ Member Returned from LWOP / Ineligible Date: _____

Position Title: _____ Full-time Part-time

All Agencies Must List Member's Position Title

Is Member: (Check only one)

Ordinary Member Police/Fire Member Volunteer Fire Member Legislator

Retired Employee – Position Approved Under Critical Need Provision (attach approval document)

Retired Employee – Non Critical Need Position

If Elected Official, check appropriate box: Commissioner Councilman Mayor Other Elected Official

For School Districts Only:

Position Type How is the Member Paid? 9 months out of 9 (9/9) 9, 10, 11 months out of 12 (9/12) 12 months out of 12 (12/12)

Is Member under contract? No Yes, Give Start Date _____

I certify that this individual is employed in a position requiring half-time or more service according to employer's full-time work schedule.

Signature: _____ Date: _____

Liaison Officer or Authorized Representative

Print Name: _____

CONTRIBUTION PLAN DESCRIPTIONS

There are two contribution plans available to certain members of PERS; the employee/employer contribution plan and the employer-pay contribution plan (EPC).

The employee/employer contribution plan provides that members have a retirement contribution deducted from their gross salary, as shown below, and that contributions be maintained on account at PERS. In the event that the member terminates employment covered by PERS, those contributions will be available for refund to the member.

The advantage of the employee/employer contribution plan is that, even though the take-home pay (after income tax withholding) is slightly less, in the event of termination, the employee contributions would be refundable without interest.

The employer-pay contribution plan has the gross salary adjusted downward, as shown below, but does not have a retirement contribution deducted. The employer pays the full retirement contribution based on the adjusted gross salary. In the event of termination, the employee **is not** eligible for a refund.

For members who intend to remain with PERS until they are eligible for benefits, the cost of their retirement will be less and the amount of the take-home pay will be slightly greater (see example below). The disadvantage is that the contributions paid on the employee's behalf are not refundable in the event of termination and the gross salary is less.

If a member chooses the employee/employer contribution plan, he/she can elect, at a future date, to contribute under the employer-pay contribution plan. Choice of the employer-pay contribution plan is a one-time election, which cannot be reversed.

The amount of any future retirement benefits will be exactly the same under either contribution plan.

Example Contribution Plan Comparison

	Employee/ <u>Employer</u>	Employer <u>Pay</u>
1. Gross Salary	\$1,500	\$1,500
2. Reduction for employer pay	n/a	146
3. Adjusted gross salary	\$1,500	\$1,354
4. Employee retirement contribution	169	n/a
5. 15% Income Tax Withholding	<u>225</u>	<u>203</u>
6. Take-home pay	\$1,106	\$1,151

Estimated difference in monthly take-home pay: \$45

If you have any questions or require any further explanation, please contact PERS, toll free, at (866) 473-7768, or (775) 687-4200.