MEMBER ENROLLMENT
(Non-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:_____

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

Agency Name:_____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:_____

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