



Discontinue Police Officer & Firefighter Unit Contribution

This form is strictly for the PERS Chapter 238 (Tier One Tier Two) Program. Call PERS or visit our website if this is not the form you need.

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


First name	MI	Last name	Social Security number								
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Mailing address (street or PO box)			PERS number								
City	State	Zip	Country								
			Date of birth (mm-dd-yyyy)								
Day phone number	Evening phone number		E-mail (optional)								

Section B: Contribution cancellation request (to be completed by member)

Please discontinue making payments to my Police officer and firefighter (P&F) unit account. This request is made because my P&F unit account balance exceeded the full payments for eight units. I further request my employer to cease withholding from my pay any further amounts for the purchase of P&F units.

I understand that this request does **not** constitute a termination or a withdrawal of my P&F unit account and that I retain any rights to receive a retirement benefit from my P&F unit account as provided under ORS 238.440(4).

I have read all of the above and understand and agree to the terms stated in this request.


 _____
 Signature of member (do not print) _____ Date

Note: Please give this signed request to your employer to endorse.

Section C: Employer endorsement (to be completed by employer)

We acknowledge the above request.

Discontinue unit election effective	Unit contributions for current calendar year
Employer name	Employer number

 _____
 Signature of employer representative (do not print) _____ Date

Office use only	
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

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 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.