

New Employer Data

Section A: Basis for participation (Type or print clearly in dark ink. Illegible forms may be returned. This could delay your request.)

New state agency New school Coverage agreement EE transfer from _____

Section B: Employer information

Employer common name	Employer legal name	
Employer number	Effective date of participation	Effective date of operation (if applicable)
Employer street address	City	Zip+4
PO box	City	Zip+4
Employer phone	Fax	

Section C: Plan information

Class/Joining
 All General service Police officer Firefighter Other _____

Number of PERS employees _____

Contribution type
 EPPT MPPT MPAT Tax I.D # _____

Section D: Sick leave (Chapter 238 Tier One or Tier Two only)

Do you want to participate in the sick leave program? Yes No If yes, submit a written resolution.

Section E: Reporting frequency

Monthly Bi-weekly Semi-monthly Weekly

Section F: Reporting officer information and signature

Reporting officer name (please type or print)	Title
Reporting officer phone number	Reporting officer e-mail
Reporting officer signature (do not print)	Date

PERS Office Use only

Employer rate Chapter 238	Employer rate OPSRP - P&F/GS	Employer rate effective date
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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**.

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