

## New Employer (ER) 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


**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-monthly    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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