



Notice of Unit Election

(Police officer and firefighter member only)

This form is strictly for the PERS Chapter 238 program (Tier One/Tier Two). 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 (optional)								
City	State	Zip	Country								
			Date of birth (mm-dd-yyyy)								
Day phone number		Evening phone number	E-mail (optional)								

Section B: Unit Election


Only police officer and firefighter (P&F) members of the PERS Chapter 238 Program (Tier One or Tier Two) may make this election. No P&F units are available in the Oregon Public Service Retirement Plan (OPSRP).

I am a P&F member in the PERS Chapter 238 program. I have read the statutory provisions for making additional contributions to purchase units. I wish to start purchasing units as indicated below.

Check the number of units you would like to purchase.

- 1
 2
 3
 4
 5
 6
 7
 8


I am employed by _____.

 _____
 Employee signature (do not print) Date

Return this form to your payroll office, and instruct the payroll personnel to complete the following information and forward your form to PERS.

Section C: Employer confirmation

I confirm this employee is eligible for unit contributions. Employer number _____.

 _____
 Employer representative signature (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.