



**Public Employees' Retirement System of Nevada**  
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## CHANGE OF MEMBER CONTRIBUTION PLAN

This form should be completed if member is changing from the employee/employer contribution plan to the employer-pay contribution plan within the agency or from police/fire to a regular position or from a regular position to a police/fire position within the same agency.

### Member Information

Social Security Number: \_\_\_\_\_

Member's Name: \_\_\_\_\_  
First MI Last

### Position Change Information

Change from Police/Fire Position Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Change to Police/Fire Position Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Position Title: \_\_\_\_\_

### Change to Employer-Pay Contribution Plan

*(Members' signature is required for this section)*

\_\_\_\_\_  
Initial Employer-Pay Plan

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

With my signature I certify that I understand that once I choose the employer-pay contribution plan, I cannot change back to the employee/employer contribution plan.

Member's Signature: \_\_\_\_\_

### Agency Certification

*(This form must be signed by the Liaison Officer or an Authorized Rep. in order to be processed)*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Liaison Officer or Authorized Representative

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency #