



Public Employees' Retirement System of Nevada
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MEMBER ENROLLMENT
(Non-Choice Agency)

This form should be completed for all new hires that are eligible for enrollment under NRS 286.293. This form is also used to enroll persons who have returned from leave without pay or from ineligible status, or for a retired employee electing to re-enroll under authority of the Critical Need Provision.

Member Information: (Please print legibly, using black or blue ink)

Name: First MI Last - Suffix SS# Date of Birth: Mo Day Yr
Address: City State Zip:
Personal Email:
Married Single Registered Domestic Partner
Male Female

Prior Agency / Name Information

List prior Nevada Public Agencies where you have worked:

List any other names under which you were enrolled in PERS:

Are you currently employed with a second Nevada public employer? Yes, please list:

Agency Information and Certification (To be completed and signed by agency liaison officer or authorized rep.)

Agency Name: Agency # 3-Digit Number

Member Enrollment Date: Member Returned from LWOP / Ineligible Date:

Position Title: All Agencies Must List Member's Position Title Full-time Part-time

Is Member: (Check only one)

- Ordinary Member Police/Fire Member Volunteer Fire Member Legislator
Retired Employee - Position Approved Under Critical Need Provision (attach approval document)
Retired Employee - Non Critical Need Position

If Elected Official, check appropriate box: Commissioner Councilman Mayor Other Elected Official

For School Districts Only:

Position Type How is the Member Paid? 9 months out of 9 (9/9) 9, 10, 11 months out of 12 (9/12) 12 months out of 12 (12/12)

Is Member under contract? No Yes, Give Start Date

I certify that this individual is employed in a position requiring half time or more service according to employer's full-time work schedule.

Signature: Date:
Liaison Officer or Authorized Representative

Print: