



**Public Employees' Retirement System of Nevada**  
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Toll Free 1-866-473-7768 Website: [www.nvpers.org](http://www.nvpers.org) Email: [nvpers@nvpers.org](mailto:nvpers@nvpers.org)

**Retiree Reemployment Notification**  
**PERS Eligible Position**

**Employer Notification**

In accordance with NRS 286.520, we are providing notification that we have hired a PERS retiree into a position within our agency that requires their reenrollment back into PERS. In order to avoid a possible benefit overpayment, we understand that PERS must have this notification no later than 10 days after the retiree's date of hire. We understand that a member enrollment form must still be completed.

Retiree Name: \_\_\_\_\_

SSN: \_\_\_\_\_

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

Retirement Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Critical Need Position      Yes       No   
(If yes, attach a copy of approval documentation from your governing body)

If critical need position, the date employment offer or contract was accepted \_\_\_\_\_

**I certify under penalty of law (NRS 286.820) that there was no arrangement prior to the date of retirement for the above individual to return to work.**

\_\_\_\_\_  
Liaison Officer/Signature Authority

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Agency Number

**Retiree Notification**

As a retiree of PERS, I hereby notify you that I have accepted the above listed position with a Nevada public employer that requires my reenrollment back into PERS. I understand that my retirement benefit will be suspended as of my date of hire, unless my position has been approved under the critical need provision.

If critical need position, are you electing to reenroll in PERS?      Yes       No

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

PERS Use Only Date received
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