



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

This form should be completed for all new hires who 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.

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

SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

First MI Last – Suffix

Mo Day Yr

Mailing Address: \_\_\_\_\_  Married  Single  Registered Domestic Partner

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Male  Female

Personal Email: \_\_\_\_\_

**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: \_\_\_\_\_

**Election of Contribution Plan (Before initialing below, be sure to read the accompanying form entitled "Contribution Plan Descriptions" for a full explanation of the two contribution plans available to you).**

Initial One: \_\_\_\_\_ Employee/Employer Plan \_\_\_\_\_ Employer-Pay Plan

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

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

Agency Name: \_\_\_\_\_ Budget #: \_\_\_\_\_ Agency #: \_\_\_\_\_

3-Digit Number

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

Position Title: \_\_\_\_\_  Full-time  Part-time  Job Share

All Agencies Must List Member's Position Title

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

## CONTRIBUTION PLAN DESCRIPTIONS

There are two contribution plans available to certain members of PERS; the employee/employer contribution plan and the employer-pay contribution plan (EPC).

The employee/employer contribution plan provides that members will have a retirement contribution deducted from their gross salary, as shown below, and that contributions will be maintained on account at PERS. In the event the member terminates employment covered by PERS, those contributions will be available for refund to the member.

The advantage of the employee/employer contribution plan is that, even though the take-home pay (after income tax withholding) is slightly less, in the event of termination, the employee contributions would be refundable without interest.

The employer-pay contribution plan has the gross salary adjusted downward, as shown below, but does not have a retirement contribution deducted. The employer pays the full retirement contribution based on the adjusted gross salary. In the event of termination, the employee **would not** be eligible for a refund.

For members who intend to remain with PERS until they are eligible for benefits, the cost of their retirement will be less, and the amount of the take-home pay will be slightly greater (see example below). The disadvantage is that the contributions paid on the employee's behalf are not refundable in the event of termination and the gross salary is less. This may adversely affect credit applications.

If a member chooses the employee/employer contribution plan, he/she can elect, at a future date, to contribute under the employer-pay contribution plan. Choice of the employer-pay contribution plan is a one-time election, which cannot be reversed.

The amount of any future retirement benefits will be identical under either contribution plan.

### Example Contribution Plan Comparison (Regular Member)

	Employee/ Employer	Employer Pay
1. Gross Salary	\$2,500.00	\$2,500.00
2. Reduction for employer pay	n/a	\$ 318.98
3. Adjusted gross salary	\$2,500.00	\$2,181.02
4. Employee retirement contribution	\$ 381.25	n/a
5. 15% Income Tax Withholding	\$ 375.00	\$ 327.15
6. Take-home pay	\$1,743.75	\$1,853.87

Estimated difference in monthly take-home pay: \$ 110.12

If you have any questions or desire any further explanation, please contact PERS toll free 1-866-473-7768 or direct in Carson City (775) 687-4200 or in Las Vegas (702) 486-3900.