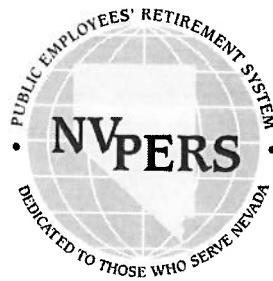


Retirement Board

Katherine Ong
Chair
Timothy M. Ross
Vice Chair

Lee-Ann Easton
Scott M. Gorgon
Dawn E. Huckaby
Yolanda T. King
Brian A. Wallace



Executive Staff

Tina Leiss
Executive Officer

Cheryl Price
Operations Officer

Steve Edmundson
Investment Officer

Memorandum

To: PERS Liaison Officers

From: Charyl Lacombe, Manager
Employer Services Division

Date: September 12, 2018

Re: New agency contact type

To ensure that PERS forms are submitted in a secure and timely manner we are excited to announce a new agency contact type. A Liaison Officer or Deputy Liaison Officer can designate employees as a "Forms Submission Clerk". The Forms Submission Clerk Authorization form is attached and can also be found in the Employer forms section of the NV PERS website. This role will enable the Clerk to submit PERS forms through the Secure File Transfer feature. Effective October 1, 2018, all PERS forms must be submitted through the Secure File Transfer located on the NV PERS website, faxed, or mailed via USPS.

We appreciate your cooperation in this matter. If you have any questions, please call me at (775) 687-4200, ext. 228 or contact via email calacombe@nvpers.org.



Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Avenue, Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Forms Submission Clerk Designation Form
(To be completed by the Liaison Officer)

The Liaison Officer may designate Forms Submission Clerk(s) to access and submit PERS forms through the secure file transfer feature on the PERS website. The Forms Submission Clerk(s) will not have the ability to sign PERS forms or access any employee account information.

1. _____
Forms Submission Clerk (Print Name) Signature Last four of SSN

Email Address Phone Number

2. _____
Forms Submission Clerk (Print Name) Signature Last four of SSN

Email Address Phone Number

3. _____
Forms Submission Clerk (Print Name) Signature Last four of SSN

Email Address Phone Number

4. _____
Forms Submission Clerk (Print Name) Signature Last four of SSN

Email Address Phone Number

5. _____
Forms Submission Clerk (Print Name) Signature Last four of SSN

Email Address Phone Number

Agency Liaison Officer Signature: _____ Date: _____

(Note: This form supersedes all previous submitted)