



PERS/OPSRP Information Sheet

Oregon Public Employees Retirement System

Oregon Public Service Retirement Plan

**This form must be completed by all new employees,
regular or temporary**

Are you currently a PERS Tier 1 or Tier 2 Retiree?

If yes, please review the 'Work after Retirement' restrictions on the PERS website at:
http://www.oregon.gov/PERS/docs/general_information/working_after_retirement.pdf
Please confirm that you have reviewed the section regarding meeting or exceeding the limitations within the first six months after your retirement date. _____ *please initial here*

Are you currently an OPSRP Retiree? Upon returning to work for a PERS Employer, if you meet or exceed 600 hours of service in one or more PERS-covered positions in a calendar year you will become an active member and your OPSRP retirement benefit will cease. _____ *please initial here*

Employee Name: _____

Employee Social Security Number: _____ PERS Retirees may stop here

Are you currently an active member of PERS? Yes No

Have you ever been a member of PERS? Yes No

If you answered yes, to question one or two above, please provide the following information:

1. PERS employer's name: _____
2. Last date of employment: _____
3. Are you currently working for another PERS employer? If so, please give name of agency: _____

If you previously participated in PERS, did you withdraw your funds?

Yes No ***If yes, please provide the date of withdrawal*** _____

Employee Signature

Date

Please return completed form to Marion County Payroll