

**NOTICE OF NON-COVERED EMPLOYMENT OR
PROVISIONAL COVERAGE**
Relating to PERA's Coordinated, Correctional or Police & Fire Plans



Public Employees Retirement Association 60 Empire Dr., Ste. 200, Saint Paul MN 55103-2088
Employer Fax Number: 651-296-2493; Employer Lines: 651-296-3636 or 1-888-892-PERA (7372)

For Employer: This form must be completed when a person is employed in a position under your unit that is excluded from PERA membership under Minn. Stat. § 353.01, subd. 2b, or when a person is being given provisional PERA membership that will be subject to validation on an annual basis. Please give a copy of this form to the affected person and keep a copy in your personnel files; **do not send a copy to PERA.**

For Employee: If you have questions about the PERA membership decision made by your employer, your first recourse is to contact the human resource or payroll personnel of your employer. If, after doing so, you want PERA to review your employment for membership purposes, state law gives you a right to request a review by sending a request to PERA's Executive Director at 60 Empire Drive, Suite 200; Saint Paul, MN 55103.

Name of Employee	Job Title or Classification	Starting Date for this Position	
<p>The purpose of this notice is to inform you of the following determination relating to membership under a Defined Benefit Plan administered by PERA. <u>Please review Section A or B as checked below.</u></p> <p><input type="checkbox"/> SECTION A: YOU ARE EXCLUDED FROM PERA MEMBERSHIP BECAUSE:</p> <ul style="list-style-type: none"><input type="checkbox"/> 1. Your employment is predetermined to be temporary and is not expected to exceed six consecutive months.<input type="checkbox"/> 2. Your seasonal appointment is not <u>expected to exceed</u> 185 consecutive calendar days in a year.<input type="checkbox"/> 3. You are under age 23 and attending classes full-time at an accredited school, college or university.<input type="checkbox"/> 4. You are receiving a monthly retirement or disability benefit from PERA.<input type="checkbox"/> 5. You are working as an Election Judge.<input type="checkbox"/> 6. Our agency is stipulating that your annual compensation is not expected to exceed \$5,100.<input type="checkbox"/> 7. Your position is excluded by law for the following reason: _____ <p><input type="checkbox"/> SECTION B: YOU ARE BEING ENROLLED INTO PERA ON A PROVISIONAL BASIS AND THAT MEMBERSHIP WILL BE SUBJECT TO VALIDATION.</p> <p>Our entity is unable to accurately determine that your annual compensation will not exceed the minimum salary threshold of \$5100 for PERA participation because your employment is intermittent, sporadic, or casual, without a regular work schedule and a regular number of work hours:</p> <p>Because your annual earnings <u>could</u> exceed the \$5,100 earnings threshold, you are being reported to PERA for membership. PERA will review the amount of annual earnings you receive and if your earnings in a year do not exceed the threshold amount set in law for PERA membership, your participation will be deemed invalid and your member contributions will be refunded to you by PERA.</p>			
Name of Employer	Name of Employer Representative	Daytime Phone No.	Date