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ELECTION OF MEMBERSHIP IN THE PUBLIC EDUCATION EMPLOYEE RETIREMENT SYSTEM OF MISSOURI (PEERS)

Member Instructions: Please complete Sections A and B of this form and provide to your employer for completion of Section C. The completed form must be received by PSRS/PEERS postmarked within 90 days of your first date of eligible employment as a part-time certificated employee.

SECTION A – MEMBER INFORMATION							
First Name	Name Middle Name		e		Last Name		
Member ID (or Last Four Digits of Your Social Security Number)		Account ID		Telephone (elephone)		
Mailing Address		City			State	ZIP	
Email Address							
SECTION B – MEMBER CERTIFICATION							
I,, certificated under Missouri law (RSMo 169.712) governing the certification of educators, am employed by in a position that qualifies me to elect to become a member of the Public Education Employee Retirement System of Missouri (PEERS).							
 I understand that: This election is irrevocable, and that I will remain a member of PEERS as long as I am employed in a position meeting the legal requirements for such membership, and I am certificated under the law governing the certification of educators. Should I be employed by an employer covered by the Public School Retirement System of Missouri (PSRS) in a full-time position, I would, as required by law, become a member of PSRS. I cannot receive a retirement benefit from one System if I am earning service in the other. 							
Signature of Employee				Date	Date		
SECTION C - EMPLOYER CERTIFIC	ATION						
I hereby certify that the employee completing this election form is duly certificated under Missouri law governing the certification of educators, and is employed in a position that legally qualifies him or her to elect PEERS membership. Start Date of Employee's Part-Time, Certificated Employment (Month, Day, Year)							
		, ,					
Name of School District or Institution							
Name of Superintendent or Chief Administrator							
Signature of Superintendent or School Official				Date			

ELECTION OF MEMBERSHIP IN THE PUBLIC EDUCATION EMPLOYEE RETIREMENT SYSTEM OF MISSOURI (PEERS)

Use this form to elect membership in the Public Education Employee Retirement System of Missouri (PEERS) as a certificated, part-time employee of an employer covered by the Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS).

To Elect PEERS Membership, You Must Be:

- A certificated employee expected to work 17 to 20 hours on a regular basis but less than full-time (as defined by the employing school district), **or**
- A certificated employee expected to work at least 20 hours per week on a regular basis and also expected to work at least 600 hours per school year, but not considered full-time by the employing school district.

Important Facts about This Election

- This irrevocable, one-time election applies to any part-time employment for school districts covered by PSRS/PEERS.
- Should you become employed full-time for a covered school district while possessing a valid educator certificate issued by the Missouri Department of Elementary and Secondary Education (DESE), you will be required at that time to become a contributing member of PSRS.
- As a PEERS member, you will be required to contribute to PEERS at the current contribution rate, and to the federal Medicare program. You may also be required to contribute to the federal Social Security program. Please contact your employer for more information about Social Security coverage.
- Most PSRS members contribute to PSRS and to Medicare.
- Most PSRS members do not pay Social Security taxes on their earnings with PSRS-covered employers.

If you have any questions about completing the *Election of Membership in the Public Education Employee Retirement System of Missouri (PEERS)* form, we recommend speaking with a PSRS/PEERS representative by calling **(800)** 392-6848.