



Resolution Authorizing Participation in PERS

Resolution No. _____

New employers use this form to join the Public Employees' Retirement System (PERS).

Send completed form to:
Employer Support Services
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380

www.drs.wa.gov • 800.547.6657
360.664.7200 • TTY: 711

Important Information

Fill out this resolution for authorizing and approving your participation in the Washington State Public Employees' Retirement System (PERS). It must be fully excuted and signed before you submit it to DRS.

Authorization

_____, a political subdivision of the state of Washington, authorizes and approves the following:

1. Its eligible employees shall participate in PERS as allowed by RCW 41.40.06
2. The necessary funds shall be made available to cover its proportionate share for participation in PERS
3. PERS membership shall begin on _____
(mm/dd/yyyy)

Tax Status (select one)

- ☐ Will submit tax-deferred member contributions
☐ Will not submit tax-deferred member contributions

Purchase of Previous Service (select one)

- ☐ **Not applicable**
Check this box if your agency is newly created **and** the effective date of PERS participation is equal to the date of hire of the first employee(s).
- ☐ **Option A**
Employer pays all previous service costs (both member and employer contributions). Payment must be completed within 15 years from entry into PERS.
- ☐ **Option B**
Employer and member share previous service cost. Payment must be completed within five years from entry into PERS. Choose one of these variations:
☐ **B1** Member pays member contributions. Employer pays employer contributions.
☐ **B2** Member pays _____% of previous service cost.
- ☐ **Option C**
Member pays all previous service costs (both member and employer contributions). Payment must be completed within five years from entry into PERS.

Complete and sign the authorizing and approving participation signature section on the back of this form.
Please return the completed and signed form to drs.employersupport@drs.wa.gov.
Or you can return the completed and signed form through the mail to the address above.



Authorizing Signatures

Resolution Number

Passed this _____ day of _____, 20____.

[illegible]

Title: _____