



PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) RETIRED MEMBER ELECTION TO CONTINUE OR DISCONTINUE RECEIVING BENEFITS UPON BECOMING AN ELECTED OFFICIAL

State Form 49286 (R11 / 4-26)

**INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
TEACHERS' RETIREMENT FUND**
 One North Capitol Avenue, Suite 001
 Indianapolis, IN 46204-2014
 Telephone: (844) GO-INPRS, (844) 464-6777 (Toll-free)
 Fax: (866) 591-9441 (Toll-free)
 E-mail: questions@inprs.in.gov
 Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

INSTRUCTIONS

1. Remove all instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink.
3. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Read the IMPORTANT and INDIANA CODE CITATION sections.
5. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

IMPORTANT

If you are attempting to make an election to begin receiving your initial retirement benefits and have met the age and service requirements outlined in [IC 5-10.2-4-8.2\(b\)](#), you must do so through your account in the Retirement Application Center at myINPRSretirement.org.

This form is used for retired members who have since been elected or appointed into an elected official position.

Ask your employer if you have questions about the employer pick-up of member contributions agreement.

INDIANA CODE CITATION

Indiana Code ([IC 5-10.2-4-8.2](#)) provides that if a member of the Public Employees' Retirement Fund (PERF) or the Teachers' Retirement Fund (TRF) who is receiving retirement benefits is elected or appointed to an elected position covered by PERF or TRF, the member must elect to either continue or discontinue retirement benefits while holding the elected position. This election is irrevocable and must be in writing.

If a member chooses to continue retirement benefits, no creditable service will be accrued for service in the elected position. The member does not have to make contributions to the member's Annuity Savings Account (ASA)/Defined Contribution Account (DC) as required in [IC 5-10.2-3-2](#) but may elect to do so. If a member chooses to discontinue retirement benefits, the member must make contributions to the ASA/DC as required by [IC 5-10.2-3-2](#) and creditable service will be earned for service in the elected position.

MEMBER INFORMATION

Member name		Social Security number* (<i>last 4 digits</i>)	Pension ID (PID) number
Address	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

BENEFIT & CONTRIBUTION ELECTION

- I hereby verify that pursuant to Indiana Code ([IC 5-10.2-4-8.2](#)), the following:
1. I am **retired** from the Public Employees' Retirement Fund (PERF) or the Teachers' Retirement Fund (TRF) and have been **elected or appointed to an elected position** covered by [IC 5-10.2-4-8.2](#), namely _____
Position title and agency
 on _____, 20_____.
Date of election or appointment
2. I understand that if I **discontinue receiving retirement benefits**, I shall **continue to make contributions** as required in [IC 5-10.2-4-8.2](#). However, if I elect to **continue receiving benefits**, then I am **not required to make contributions** under [IC 5-10.2-4-8.2](#), and I **waive the accrual of service credit** and the right to any supplemental benefit from service in the position.
3. I understand that my election to continue or discontinue retirement benefits is **irrevocable**.

Continued on next page.

**PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) RETIRED MEMBER
ELECTION TO CONTINUE OR DISCONTINUE RECEIVING BENEFITS UPON BECOMING AN ELECTED OFFICIAL**
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Member name	Social Security number* (<i>last 4 digits</i>)	Pension ID (PID) number
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BENEFIT & CONTRIBUTION ELECTION (<i>Continued</i>)	
<input type="checkbox"/>	4. I hereby irrevocably and knowingly elect to (<i>Select one</i>) <input type="checkbox"/> continue or <input type="checkbox"/> discontinue retirement benefits while serving in the covered position.
<input type="checkbox"/>	5. I elect to continue my retirement benefits and make the following election regarding contributions to my Annuity Savings Account/Defined Contribution Account (<i>Select one</i>):
<input type="checkbox"/>	I elect to make contributions to my Annuity Savings Account/Defined Contribution Account.
<input type="checkbox"/>	I DO NOT elect to make contributions to my Annuity Savings Account/Defined Contribution Account.
<input type="checkbox"/>	6. I elect to discontinue my retirement benefits and to begin making contributions to my Annuity Savings Account/Defined Contribution Account.

AUTHORIZATION	
I make the above elections for my benefit and Annuity Savings Account/Defined Contribution Account contributions. I understand that my elections cannot be changed after this form is received by the INPRS, and by signing below I acknowledge that I have read and understand this statement.	
Member signature	Date (<i>mm/dd/yyyy</i>)
Printed name of member	

**INSTRUCTIONS FOR
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Entry field	Field description
MEMBER INFORMATION	
Member name	Enter the complete name of the member.
Social Security number*	Enter the member's Social Security number.* (last 4 digits)
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
BENEFIT & CONTRIBUTION ELECTION	
Election	Choose to continue or discontinue benefits. Read the options carefully and select the correct one for your circumstance. If you have questions, contact the INPRS Call Center, Toll-free at (844) GO-INPRS, (844) 464-6777.
AUTHORIZATION	
Member's signature	The member must sign this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
Member printed name	Enter the member's printed name.

HELPFUL INFORMATION			
	INPRS/PERF/TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor