



**RETIRED MEMBER ELECTION TO CONTINUE
OR DISCONTINUE RECEIVING BENEFITS
UPON BECOMING AN ELECTED OFFICIAL**

State Form 49286 (R9 / 9-22)

**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 (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.

IMPORTANT

If you are attempting to make an election to begin receiving your initial retirement benefits and have met the age and service requirements contained within IC 5-10.2-4-8.2(b), please 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.

INDIANA CODE CITATION

Indiana Code 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.

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. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

MEMBER INFORMATION

Member's name		Social Security number*		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**.
4. I hereby **irrevocably** and freely elect to (*Select one*) **continue** or **discontinue** retirement benefits while serving in the covered position.

Continued on next page.

Member's name	Social Security number*	Pension ID (PID) number
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BENEFIT & CONTRIBUTION ELECTION *(Continued)*

5. I elect to **continue my retirement benefits** and make the following election regarding contributions to my Annuity Savings Account/Defined Contribution Account *(Select one)*:
- I elect to **make contributions** to my Annuity Savings Account/Defined Contribution Account.
- I **DO NOT elect to make contributions** to my Annuity Savings Account/Defined Contribution Account.
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>
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Printed name of member

**INSTRUCTIONS FOR
ELECTION TO CONTINUE OR DISCONTINUE RECEIVING BENEFITS**

State Form 49286

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Entry field	Field description
IMPORTANT	
Be sure to read this entry which explains when this form is appropriate to submit.	
MEMBER INFORMATION	
Member's name	Enter the complete name of the member.
Social Security number*	Enter the member's Social Security number.*
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 at (844) GO-INPRS (Toll-free).
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
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(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