Reset Form

PARTICIPATION ELECTION FOR SCHOOL CORPORATION EMPLOYEES

State Form 28105 (R4 / 5-12)

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (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.

NOTICE: If employees who are currently having deductions made from their compensation for PERF coverage believe they are not legally required to be members of PERF, they should notify PERF immediately by writing to the address above.

INSTRUCTIONS

1. Remove the 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 form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

MEMBER INFORMATION

Employee's name	Social Security number*	Date of hire *(mm/dd/yyyy)*

Employer name	Employer account number

MEMBER AFFIDAVIT

I was hired on the above date and am employed by a participating school corporation. I occupy a PERF-covered position normally requiring performance of services of more than six hundred (600) and less than one thousand (1000) hours a year and I hereby elect to become a member of the Public Employees' Retirement fund of Indiana pursuant to IC 5-10.3-7-3(c). This election is not revocable. This election shall not entitle me to credit for service prior to the date of July 1, 1986, or the date this form is signed, whichever is later.

I am not a member of, eligible to be a member of, or will become eligible by reason of employment to be a member of any other pension or retirement funds or plans, except the federal Social Security program, maintained in whole or in part by appropriations by the state of Indiana or a political subdivision of the State of Indiana.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Employee's signature	Date *(mm/dd/yyyy)*

INSTRUCTIONS FOR

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Entry field	Field description
EMPLOYEE INFORMATION	
Employee's name	Enter the employee's complete name.
Social Security number	Enter the employee's Social Security number.
Date of hire	Enter the employee's date of hire.
Employer name	Enter the employer's name.
Employer account number	Enter the employer's account number.
MEMBER AFFIDAVIT	
Member's signature	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS/PERF	**INTERNAL REVENUE SERVICE**	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor