PENNSYLVANIA PUBLIC SCHOOL EMPLOYEE RETIREMENT SYSTEM (PSERS)

Pennsylvania public school employees who work more than 80 days or 500 hours per year are legally required to participate and must complete Sections A and B. Part-time employees, day-to-day substitutes and co-curricular employees must complete Section A, B, and C.

Act 29 of 1994 changes the Commonwealth reimbursement for Social Security and Retirement Contributions to school districts, intermediate unit, or vocational-technical schools. To comply, the district must classify you as an "Existing" or "New" employee, as defined by the Act. **To that end, please complete, sign, and submit this form with your new hire paperwork.**

| SECTION A: Employee Information | |
|---|---|
| Name | Social Security Number |
| Address | |
| SECTION B: Employee PSERS Classification | |
| As noted, the Act requires us to classify you as a "Existing" or a "New" e | employee which will be determined by your work history. |
| I have never been employed by a school district, in | termediate unit, or vocational-technical school. |
| I am/was employed by a school district, intermedia commonwealth. Were you employed prior to July 1, 1994? YES Name of Schools worked previously and/or current | NO |
| Please check one answer for each of the following questions | S: |
| During your employment at any school: Were you a PSERS participant? YF | ES NO |
| If, yes what rate did you contribute? □ T-C 6.5% □ T-D 7.5% □ T-E 7.50 | %-9.5% □ T-F 10.3%-12.3 |
| 2. Are you currently collecting a pension from PSERS? | YES NO |
| SECTION C: Part-Time Employees As a part-time employee your earnings will be reported to PSE Time employees may opt out of PSERS participation. To opt of Retirement Account (IRA). Please contact PSERS directly, you would like to select. | out, said employee must have an Individual |
| I have an IRA and have carefully considered my PSERS | • • • • • • • • • • • • • • • • • • • |
| (PLEASE CONTACT PSERS DIRECTLY, 1-888-773-7748 | 8) |
| I carefully considered my PSERS options and elect to p | articipate if I meet all other eligible criteria. |
| Employee's Signature | Date |