



Application for Membership

Purpose of the Form

- Use this form to advise PERSI you are a new employee or a rehire who might be eligible for PERSI membership.

Instructions

- Complete the form in blue or black ink.
- **Employee and employer**
Read **About Form RS102**, attached.
- **Employer**
Read the employer steps under the attached **Instructions** to determine if this form is necessary. If eligibility is from Police/Firefighter certification, read **Employer—Police/Firefighter Certification** in the **Instructions**.

Member Social Security Number	Member PERSI ID Number*

* A PERSI ID is only required for members with multiple PERSI accounts.

Member Information			
Name – First, Middle, Last			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)	Email Address		Date of Birth – mm/dd/yyyy
Position Title	Employment Start Date – mm/dd/yyyy		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Contribution Information I have contributed to PERSI before this present employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits Information I am currently receiving a monthly benefit payment from PERSI. <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Employee Acknowledgment	
As a condition of my employment under the requirements of Idaho Code, Title 59, Chapter 13, I declare that the statements above are complete and correct to the best of my knowledge.	
Signature	Date – mm/dd/yyyy

Employer Certification	
I certify that the above-named applicant is an employee as defined in Idaho Code §59-1302(14) and that the information above is complete and correct to the best of my knowledge.	
Employer Name	PERSI Employer Number
Employee Eligibility <input type="checkbox"/> General member <input type="checkbox"/> Teacher <input type="checkbox"/> Elected official <input type="checkbox"/> Police/Firefighter	
Note: If eligibility is from Police/Firefighter certification, read Employer—Police/Firefighter Certification in the Instructions .	
Signature	Date – mm/dd/yyyy
Position Title	



About Form RS102

Instructions

- Complete the form in blue or black ink.

Employee

- 1 Complete the **Member Information** and **Employee Acknowledgement** sections.
- 2 Attach a copy of your Social Security card.
- 3 Return the form to your employer.
- 4 Also complete a form RS115 *Beneficiary Designation* and send it to PERSI.

Employer—Paper Reporting

- 1 Complete the **Employer Certification** section to certify that the employee meets the definition of an employee eligible for PERSI membership.
- 2 Include the information from the form in your *Transmittal Report of Employee Deductions*.
- 3 Send the form to PERSI.
- 4 Advise the employee to send a form RS115 *Beneficiary Designation* to PERSI.
- 5 If the employee is a retired PERSI member, complete form RS132 *Certification of Employment of Retired Member*, have the employee complete the employee section, and send the form to PERSI.

Employer—Electronic Reporting

- 1 Do not use this form. Include the information in your *Transmittal Report of Employee Deductions*.
- 2 Advise the employee to send a form RS115 *Beneficiary Designation* to PERSI.
- 3 If the employee is a retired PERSI member, complete form RS132 *Certification of Employment of Retired Member*, have the employee complete the employee section, and send the form to PERSI.

Employer—Police/Firefighter Certification

- If eligibility is from Police/Firefighter certification, complete form RS118 *Employer Certification of Police Officer Status* or form RS118A *Employer Certification of Firefighter Status* and attach a copy.

Employee—Benefits Information for Retired Members

- In the **Benefits Information** field, check **Yes** if you are a PERSI retired member and currently receiving monthly benefit payments from PERSI.

Working Retired Members

- As a retired member, you can work and continue to receive benefit payments if you work less than 20 hours per week or less than five consecutive months.
- If you are retired member and returning to work for the same employer, your benefit payments might be affected, as outlined in the explanation of form RS132 *Certification of Employment of a Retired Member*.

Employee—Eligibility for Public Employment

You may receive credit for prior public employment. The employers listed below may be eligible.

- State of Idaho
- Educational organizations of the State of Idaho (for example, school districts and universities)
- Counties, cities, and other political subdivisions of the State of Idaho
- Some U.S. military service