



# Election for Termination of IPERS Coverage



**Before completing this form, see reverse side for instructions.**

Below is a list of employee classifications that must be covered under the Iowa Public Employees' Retirement System unless the individual elects out of coverage. To elect out of coverage, this form must be properly completed and received by IPERS within 60 days of the individual's date of hire or taking office. If you are employed in an optional coverage position for which you wish to retain coverage, **DO NOT COMPLETE THIS FORM.**

**Please check the position for which you qualify:**

- Part-time elected city council member or mayor.
- Part-time elected county supervisor.
- Full- or part-time elected official of a township.
- Part-time elected official of other political subdivisions (except part-time county attorney, who is included).
- Member of the General Assembly of Iowa.
- Temporary employee of the General Assembly of Iowa.
- Employee of a community action program that is an instrumentality of the state of political subdivision.
- Magistrate.
- Employee of a municipal water utility or waterworks that has a pension plan pursuant to Iowa Code Chapter 412.
- Person employed as a city manager, or as a city administrator performing the duties of city manager, under Iowa Code Chapter 372 or 420.
- Member of the State Transportation Commission, the Board of Parole, or the State Health Facilities Council.
- Staff member who administers the Municipal Fire and Police Retirement System of Iowa.
- Nonvested employee of drainage and levee districts.
- Member of the ministry, rabbinate, or other religious order who has taken the vow of poverty.

**By signing below, I understand that I make the irrevocable election not to be covered by IPERS.**

Employee signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Employee name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Title of position for which you are electing out of coverage: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Employer Verification

Employer name: \_\_\_\_\_

IPERS employer ID: \_\_\_\_\_ Employer phone: \_\_\_\_\_

Date election form given to employee: \_\_\_\_\_ Date of employee's hire/assumption of office: \_\_\_\_\_

Reporting official's signature: \_\_\_\_\_



## **Election for Termination of IPERS Coverage**

According to Iowa Code section 97B.42, effective January 1, 1999, all employees in a position with optional IPERS coverage, who are not active members of another retirement system for that position, **MUST** begin IPERS coverage for that position unless this form is properly completed and received by IPERS within 60 days of the individual's date of hire or taking office. For elected officials, the 60-day period starts when the term of office begins, not when elected.

Iowa Code section 97B.1A(8)"a" identifies the optional coverage positions for which this law applies. This optional election does not apply to other positions. This is a one-time irrevocable election for this employment, with this employer, and does not affect IPERS eligibility for separate employment.

When IPERS receives a properly completed form for an eligible employee, IPERS will send a confirmation of the employee's election out of coverage to both the employee and employer. Incomplete forms and those for an employee who is ineligible to elect out of coverage will be returned to the employer and/or employee.

## **Photocopies of forms**

This form may be photocopied as needed. Once completed, employers should send the original form to IPERS and retain a copy for their records as proof for audit purposes. Employees are also encouraged to keep a copy for their records. Eligible employees without appropriate proof of having properly submitted this form must be IPERS-covered.

## **Returning contributions already withheld**

If contributions were withheld from the employee's wages for this position before the election out of coverage, these contributions must be returned to the employee. If a wage report including these wages has been submitted to IPERS, the employer must submit a wage adjustment to IPERS to remove the wages. Wage adjustments may be submitted online through IPERS' employer self-service or by sending a completed *Wage Reporting Adjustments* form to IPERS. All contributions will be credited to the employer after the adjustment is completed.

## **Regents institutions and community colleges**

This form is **NOT** to be used for employees of the Regents institutions and community colleges who must be IPERS-covered unless they choose coverage under an alternative plan (such as TIAA-CREF). If the employee is eligible to choose between IPERS and the alternative plan on the date of hire, the employee must choose the alternative plan coverage within 60 days of the date of hire, or the IPERS coverage will be irrevocable. If eligibility for the alternative plan is established after the employee's date of hire, the member must choose the alternative plan coverage within 60 days after becoming eligible, or the IPERS coverage will be irrevocable.