

Petitions to Become a BAC Membership Organization

Every three years, IPERS reviews petitions to replace existing membership organizations on the IPERS Benefits Advisory Committee (BAC). These petitions are filed by organizations whose representatives believe they are better suited to represent the interests of IPERS members or employers than other current membership organizations.

All such petitions must be on file by May 31 of the review year and will be reviewed as soon as practicable after that date. The *BAC Membership Petition Form* follows. A petition must identify the specific organization whose seat is being challenged, and must explain with supporting detail why the petitioner is a better choice. All petitions received over the prior three-year period are reviewed at one time.

A subcommittee of BAC members will be appointed to review petitions and make recommendations to the full BAC membership. This subcommittee must meet and send recommendations to the full BAC at least 30 days before the next meeting of the full BAC membership during which formal review has been scheduled. Final outcomes depend on the vote of the full BAC membership.

The Iowa Code requires the BAC to be composed of a certain mix of membership organizations, and that mix cannot be overridden by this petition process. The Department of Administrative Services and the citizen member of the BAC participate in this review process but are not subject to challenge.

Scheduled Review Years

2012

2015

2018

2021

2024

BAC Membership Petition Form

Official name of your organization:

Number of employers or employees your organization represents:

Name and contact information for your organization's proposed representative:

Current organization you are requesting to replace on the Benefits Advisory Committee:

A description of prior activities by your organization regarding IPERS issues:
(You may complete this section on a separate sheet)

Brief explanation of the reasons why your organization should be selected as a replacement organization: *(You may complete this section on a separate sheet)*

Name and contact information of the person completing this petition:
