



Police Officer and Firefighter Unit Purchase Election at Retirement

This form is strictly for the Tier One/Tier Two program. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number*
			PERS number (optional)

Section B: Important unit purchase information: READ CAREFULLY

As a police officer and firefighter (P&F) member of the Public Employees Retirement System (PERS), you may elect to make additional contributions to purchase up to eight units of additional benefits.**

- Each unit purchased provides a \$20 monthly benefit paid by PERS for up to 60 months—\$10 from your contributions and \$10 from employer contributions.
- You may purchase the units in a lump-sum payment within 60 days prior to your service retirement date if you are less than age 60.
- You may make a final payment of the total amount required to purchase the maximum eight units.
- You must be actively employed in a PERS-covered P&F position to be eligible to make this purchase.

**** Only P&F members of the PERS Chapter 238 Program (Tier One and Tier Two) may make this election for units. No unit election for the Oregon Public Service Retirement Plan (OPSRP) program is available.**

Section C: Unit purchase

To make the unit purchase, return this signed form with a check payable to PERS. This form should accompany your Service or Disability Retirement Application.

- I wish to purchase the maximum eight units of additional benefits. I have enclosed my check in the amount of \$4,000.
- I wish to pay the remaining balance for eight units of additional benefits. I have enclosed my check in the amount of \$ _____. The remaining balance was calculated based on continued payroll deduction of unit contributions through _____ 1, _____ with a unit benefit effective date of _____ 1, _____. (Month) (Year)

Any changes in the date of last payroll deduction or in your anticipated unit benefit effective date may result in a different purchase cost.

Section D: Applicant signature

 Applicant signature (do not print) _____ Date _____

 Applicant (print)

Office use only	
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	
Check number _____	
Check amount \$ _____	
RA date _____	
Initials _____	

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.