



Police Officer and Firefighter Unit Payment Application

This form is strictly for the PERS Chapter 238 program (Tier One/Tier Two). 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								

Section B: Unit payment information

As a purchaser of police officer and firefighter (P&F) units, you select the effective date of your P&F unit payments. Payments begin the first of the month following the P&F Unit Benefit effective date.

- See *Federal Tax Information Disclosure* for information about tax laws that may affect when and how you choose to receive your P&F unit payments.
- P&F unit payments may begin on or after the date of your service or disability retirement or upon reaching age 50, whichever is later, and stop at age 65.
- Payments are made over a minimum of five years (60 months) unless payments begin after you reach age 60.
- You can take more than 60 months as long as your payments don't extend beyond your 65th birthday.
- Each P&F unit purchased provides a \$20 monthly benefit if paid for 60 months: \$10 from your contributions and \$10 from your employer.
- Eight fully paid-up units provides \$160 per month for 60 months. Receiving your P&F unit account over a longer period of time (more than 60 months) reduces the amount of each monthly payment.
- Any amount in your unit account in excess of \$4,000 at the time payments start will be refunded to you.
- The maximum payment from your employer is a \$10 monthly benefit for each P&F unit purchased, or \$80 a month for eight units even if your unit benefits begin after your reach age 60.
- If you die before all the scheduled payments are made to you, any remaining unit account balance at your death will be paid in a lump sum to your designated beneficiary. Only your remaining account balance is paid; there is no match from employer contributions.

Section C: Unit payment request

I would like my police officer and firefighter unit benefit effective

- on my retirement date: _____ 1, _____, to be paid over _____ months.
(number)
- delayed until: _____ 1, _____, to be paid over _____ months.
(number)

Section D: Applicant signature

 _____
 Signature (do not print) _____ Date _____

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	
P&F	

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.

ORS: 238.440

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