

PERS, SERS and TRS Plans 2 and 3 Eligibility Worksheet

determine an employee's position eligibility for PERS, SERS and

This form is used and retained by employers to help

Employers retain this worksheet

DRS contact information: www.drs.wa.gov • 800.547.6657 360.664.7000 • TTY: 711

Instructions

You must evaluate the **position** and the **person**:

TRS Plans 2 and 3 membership.

- If the position is eligible for retirement as determined in Section 2, report the employee from the first day of eligibility
- If the employee is working in more than one position for you, determine if they are retirement-eligible in Section 3

Section 1: Employee Information

Section 1. Employee mornation				
Name (Last, First, Middle)	Social Security Number	Date Eligibility Evaluate	ed (mm/dd/yyyy))
Position Title and Number		Date Employee Entered Position (mm/dd/yyyy)		
Is The Position New Or Existing?		If Existing, The Position Was Formerly Held By:		
Section 2: Evaluate Position Eligibili	ty			
 Does the position ever require at least 70 hours of compensated employment in a month? If you answered yes to question 1, go to question 2. If you answered no, STOP. The position is not eligible. 			PERS/SERS	TRS Yes No
 Does the position require at least 5 months of 70 or more hours of compensated employment per month during a 12-month period for PERS/SERS or during a school year for TRS? PERS/SERS: If you answered yes to question 2, go to Question 3. If you answered no, the position is not eligible. 			PERS/SERS	TRS Yes No
TRS: If you answered yes to question 2, the position is eligible; report to DRS. If you answered no, STOP. The position is not eligible.				
3. PERS/SERS: Is it expected to require at least 5 months of at least 70 hours for two consecutive years?		PERS/SERS	Does not apply to	
If you answered yes, the position is eligible; report to DRS. If you answered no, STOP. The position is not eligible.				TRS
A PERS/SERS eligible position is one that is expected to require at least five months of 70 hours or more for two consecutive years initially. Once a position is determined to be eligible, it will continue to be eligible if it requires at least five months of 70 or more hours of compensated service at least every other year.				
 Do not include educational substitute on-call service in the initial eligibility determination of a position. If multiple people share the same eligible position, all are retirement-eligible. If a project position meets these requirements, the position may be eligible. Refer to Chapter 2 of the Employer Handbook. 				
Based on this evaluation, is the position eligible or ineligible?			Eligible	Ineligible
If the employee is working in only one position, you have completed the eligibility determination. Next, notify the employee in Section 4.				

If the employee is working in more than one position, they may still be retirement eligible. Continue to Section 3 on the back of this worksheet.

Section 3: A Person Working in More Than One Position

Complete this section only if the $\ensuremath{\text{PERSON}}$ is working in m	nore than one position for you.
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- All the monthly work of an employee for one employer counts as one position
- However, do not include educational substitute on-call service in the initial eligibility determination
- If the employee is working in multiple systems (example: PERS and TRS) contact Employer Support Services for assistance

1. List the job titles and position numbers:				
Job Title 1	Position Number			
Job Title 2	Position Number			
2. Return to Section 2 to evaluate the eligibility of an employee working in one system by using the combined hours of service. For example: when an employee has two PERS positions, combine the hours worked in both positions. When the employee's combined hours of employment meet the definition of an eligible position in Section 2, the employee is retirement-eligible.				
Section 4: Eligibility Determination and Employee Notification				
Employers: Check the appropriate box and have the edetermination. You retain this worksheet.	employee sign the form to acknowledge the position eligibility			
The position has been determined to be:	Eligible for membershipIneligible for membership			
Employee's Signature	Date (mm/dd/yyyy)			
Employer Representative's Name and Title (Please P	rint)			

Employer Representative's Signature Date (mm/dd/yyyy)

Section 5: Periodic Eligibility Review

Employers: You should review eligibility periodically. Fill out this section when eligibility has changed.		
Date:	Comment:	
Reviewer:		
Has eligibility changed? 🔲 Yes 🔲 No		
Date:	Comment:	
Reviewer:		
Has eligibility changed? 🔲 Yes 🔲 No		
Date:	Comment:	
Reviewer:		
Has eligibility changed? 🔲 Yes 🔲 No		

Employers retain this worksheet to document eligibility decisions.