



Membership Election into PSERS Plan 2 for Public Safety Telecommunicators

This form is for eligible PERS Plan 2 and Plan 3 telecommunicators to establish membership in PSERS Plan 2.

Return signed and completed form to your employer for their records.

Employers: Mail the form to Department of Retirement Systems, PO Box 48380, Olympia, WA 98504-8380. You may also fax the form to DRS at 360-664-7336.

Important Information

Public safety telecommunicators who meet the eligibility requirements and are participating in Public Employees' Retirement System (PERS) Plan 2 or 3 on June 1, 2024, will be eligible to transfer to Public Safety Employees' Retirement System (PSERS) Plan 2 during the election period beginning June 1, 2024, and ending Sept. 1, 2024. This is a one-time election choice.

Personal Information

Name (Last, First, Middle)	Birthdate (mm/dd/yyyy)	Social Security Number	
Mailing Address	City	State	ZIP
Email Address		Phone Number	

Telecommunicator Election Choice Acknowledgement

I wish to become a member of PSERS Plan 2. I DO NOT wish to become a member of PSERS Plan 2.

Membership Acknowledgement

I acknowledge that:

1. This is a one-time election choice.
2. I must complete, sign and submit this form to my employer **by Sept. 1, 2024.**
3. By choosing to join PSERS Plan 2, I will become a dual member of both PERS and PSERS.

Your Signature (Required)	Date (mm/dd/yyyy)
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Employer Acknowledgement

I acknowledge that:

1. I have received the PSERS election form and it was signed by Sept. 1, 2024, and it is complete.
2. I will send a copy of the completed and signed form to DRS at the address above.
3. I will keep a copy of the form for our records.

Your Signature (Required)	Date (mm/dd/yyyy)
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Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.

