



Membership Election into PSERS Plan 2 for Certain PERS DSHS Employees

This form is for certain PERS Plan 2 and Plan 3 DSHS employees 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

Certain DSHS employees who meet the eligibility requirements and are participating in Public Employees' Retirement System (PERS) Plan 2 or 3 on June 1, 2025, will be eligible to transfer to Public Safety Employees' Retirement System (PSERS) Plan 2 during the election period beginning June 1, 2025, and ending Sept. 1, 2025. This is a one-time election choice. You must work for one of these employers **AND** meet the primary responsibility requirements below:

- Special Commitment Center (McNeil Island)
- Maple Lane Behavioral Health & Treatment (Grand Mound, Thurston County)
- Olympic Heritage Behavioral Health (Tukwila)

Your primary responsibility must be to provide nursing care to, or to ensure the custody and safety of, offender, adult probationary, or patient populations; **AND** who is in a position that requires completion of defensive tactics training or de-escalation training; **AND** who is employed by one of the following state institutions or centers above operated by DSHS in institutions or residential sites that serve civilly committed residents or serve patients under not guilty by reason of insanity findings.

Personal Information

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

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.
3. By choosing to join PSERS Plan 2, I will become a dual member of both PERS and PSERS.
2. I must complete, sign and submit this form to my employer **by Sept. 1, 2025.**

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, 2025, and it is complete.
3. I will keep a copy of the form for our records.
2. I will send a copy of the completed and signed form to DRS at the address above.

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.

DRS PS 515 05/2025

