

**PERA Exclusion Form**

**For State Classified and Non-Student Hourly Employees Exempt from PERA**

Membership in the Public Employees' Retirement Association (PERA) is normally required under Colorado Law for classified and non-student hourly employees at Colorado State University. There are, however, certain limited circumstances described below under which individuals employed under the above types of appointments are excluded from membership in PERA.

Please review the following circumstances. If any applies to you, check the appropriate box and sign this form instead of the normally required membership form (PERA Member Record) and forward to Human Resource Services, Records Section, Campus Delivery 6004.

- 1. You are employed or are being employed under a non-student hourly type of appointment and your employment is short term and emergency in nature (fire, storm, snow, earthquake, flood, or other similar emergency).
- 2. You are employed or are being employed under a state classified hourly, or non-student hourly type of appointment, **and both** of the following apply:
  - You have previously retired from Colorado State University, or another PERA "State division" employer.
  - Your retirement annuity benefits from PERA are not currently voluntarily suspended by you.

\* **NOTE: Effective January 1, 2011, Senate Bill 10-001 requires retirees who return to work for a PERA-covered employer to make non-refundable contributions at the same rate as all members working for that employer.**
- 3. You are a non-resident alien admitted to work in the United States on either:  
(Check which applies:) \_\_\_\_\_ J1 VISA    or    \_\_\_\_\_ F1 VISA
- 4. You were a participant in the University's Defined Contribution Plan for Retirement (DCP) and you meet the University's age and service requirements for "retirement" under the DCP as of the date of this appointment.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Employee Type

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Dept #

\_\_\_\_\_  
Department Authorized Signature

\_\_\_\_\_  
Date