



Election for Termination of IPERS Coverage

Before completing this form, see reverse side for instructions.

Below is a list of positions that are IPERS-covered unless the individual elects out of coverage. To elect out of coverage IPERS must receive this properly completed form **within 60 days** of the individual's date of hire or taking office. If you are employed in an optional coverage position for which you wish to retain coverage or were appointed to the position, DO NOT COMPLETE THIS FORM.

Please check the position for which you qualify:

- _____ Part-time elected city council member or mayor. **Select one:** Elected Appointed
- _____ Part-time elected county supervisor. **Select one:** Elected Appointed
- _____ Part-time elected official of other political subdivisions. **Select one:** Elected Appointed
(except part-time county attorney, who is covered).
- _____ Full-time elective officials in positions for which the compensation is on a fee basis.
- _____ Full time elective officials in school districts and townships.
- _____ Member of the General Assembly of Iowa.
- _____ Temporary employee of the General Assembly of Iowa.
- _____ Employee of a community action program that is an instrumentality of the state or political subdivision.
- _____ Magistrate.
- _____ Employee of a municipal water utility or waterworks that has a pension plan pursuant to Iowa Code Chapter 412.
- _____ Person employed as a city manager, or as a city administrator performing the duties of city manager, under Iowa Code Chapter 372 or 420.
- _____ Member of the State Transportation Commission, the Board of Parole, or the State Health Facilities Council.
- _____ Persons employed by the board of trustees for the statewide fire and police retirement system est. in section 411.36.
- _____ Non-vested employee of drainage and levee districts.
- _____ Member of the ministry, rabbinate, or other religious order who has taken the vow of poverty.
- _____ Employee of a municipal utility that offers a pension plan pursuant to Iowa Code Chapter 412, other than a water utility or waterworks, and the new hire has previous IPERS coverage.

By signing below, I understand that I irrevocably elect out of IPERS coverage.

Employee signature: _____ Date signed: _____

Employee name: _____

Title of position for which you are electing out of coverage: _____

Street address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Home phone: _____ Work phone: _____

Employer Verification

Employer name: _____

IPERS employer ID: _____ Employer phone: _____

Date election form given to employee: _____ Date of employee's hire/assumption of office: _____

Reporting official's signature: _____



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According to Iowa Code section 97B.42, effective January 1, 1999, all employees in a position with optional IPERS coverage, who are not active members of another retirement system for that position, **MUST** begin IPERS coverage for that position unless this form is properly completed and received by IPERS within 60 days of the individual's date of hire or taking office. For elected officials, the 60-day period starts when the term of office begins, not when elected.

Iowa Code section 97B.1A(8)"a" identifies the optional coverage positions for which this law applies. This optional election does not apply to other positions. This is a one-time irrevocable election for this employment, with this employer, and does not affect IPERS eligibility for separate employment.

When IPERS receives a properly completed form for an eligible employee, IPERS will send a confirmation of the employee's election out of coverage to the employer. Previous versions, incomplete forms and those for any employee who is ineligible to elect out of coverage will be returned to the employer.

Please Note: If *appointed* to the part time position, you do not have optional coverage and should not complete this form.

Photocopies of forms

This form may be photocopied as needed. Once completed, employers should send the original form to IPERS and retain a copy for their records as proof for audit purposes. Employees are also encouraged to keep a copy for their records.

Eligible employees without appropriate proof of having properly submitted this form must be IPERS-covered.

Returning contributions already withheld

If contributions were withheld from the employee's wages for this position before the election out of coverage, these contributions must be returned to the employee. If a wage report including these wages has been submitted to IPERS, the employer must submit a wage adjustment to IPERS to remove the wages. Wage adjustments may be submitted online through I-Que or by sending a completed *Wage Reporting Adjustments* form to IPERS. All contributions will be credited to the employer after the adjustment is completed.

Regent institutions and community colleges

This form is **NOT** to be used for employees of the Regent institutions and community colleges who must be IPERS-covered unless they choose coverage under an alternative plan (such as TIAA). If the employee is eligible to choose between IPERS and the alternative plan on the date of hire, the employee must choose the alternative plan coverage within 60 days of the date of hire, or the IPERS coverage will be irrevocable. If eligibility for the alternative plan is established after the employee's date of hire, the member must choose the alternative plan coverage within 60 days after becoming eligible, or the IPERS coverage will be irrevocable.