



Employer Enrollment Application

Entities not previously enrolled as covered employers must complete and submit this form along with all requested documentation prior to withholding or submitting contributions to IPERS. If the entity is approved for coverage, you will receive instructions on withholding contributions and remitting payment and reports to IPERS.

If you have questions about information requested on this form, please contact a member of IPERS' Employer Relations Bureau at the phone number or email address below. Please return the completed form and documentation to IPERS' address or fax number at the bottom of this page.

Entity Name: _____

Entity Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Name: _____ Contact Title: _____

Contact Daytime Phone Number: _____ Contact E-mail Address: _____

Preferred communication method: E-mail Postal mail

Method entity will use to submit wage reports:

Internet/file transfer Internet/data entry Electronic file mailed to IPERS (additional processing fee applies) Paper mailed to IPERS (additional processing fee applies)

Person Responsible for IPERS Reporting

Reporting Official Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Daytime Phone Number: _____ E-mail Address: _____

General Information

Governmental Unit Type:

<input type="checkbox"/> 28E	<input type="checkbox"/> Hospital	<input type="checkbox"/> Economic Development
<input type="checkbox"/> City	<input type="checkbox"/> State Agency	<input type="checkbox"/> Health/Treatment Facility
<input type="checkbox"/> County	<input type="checkbox"/> Township	<input type="checkbox"/> K-12 School District
<input type="checkbox"/> Utility	<input type="checkbox"/> 501(c)(3)	
<input type="checkbox"/> Instrumentality or Political Subdivision of: _____ _____	<input type="checkbox"/> Other: _____ _____ _____	

Under what section of the Iowa Code was the entity established? _____

What is the nature and purpose of the entity?



Can the entity levy taxes? Yes No

Is the entity considered private or private nonprofit? Private Private nonprofit Neither

On what date were wages first paid to employees? _____

How many persons are employed by the entity as of the signature date on this application? _____

How many persons are expected to be employed when the entity is fully staffed? _____

Has the entity been assigned a Federal Employer Identification Number? Yes No

If yes, please provide number: _____ - _____

Is the entity covered under the State (Iowa Code Chapter 669) or Municipal Tort Claims Act (Iowa Code Chapter 670)? Yes No

If the entity should dissolve, where would the entity's remaining assets go?

Have you reported or do you plan to report, Social Security on an Employer's Quarterly Federal Income Return (Form 941)? We have already We plan to We have not and do not plan to

When will you start filing Form 941 showing employees' taxable Social Security and Medicare withholding information with the IRS? Jan-Mar _____ Apr-Jun _____ Jul-Sept _____ Oct-Dec _____ Never
(Year) (Year) (Year) (Year)

Have you ever had, do you presently have, or do you plan to have a retirement system (other than IPERS) covering all or some of your employees? Yes No

If yes:

What kind of retirement system? _____

What section of the Internal Revenue Code does the plan fall under? _____

Are all or some employees eligible for the retirement system? All Some

Is it mandatory or elective? Mandatory Elective

Provide the dates that this plan has been in existence: _____

Control and Governance

Does the entity have articles of incorporation, by-laws, charter or any other relevant enactments that establish the entity or govern its actions? Yes No *If yes, please attach a copy.*

What organization, individual, or group of individuals has the final authority to direct the entity in the performance of its services? _____



If the entity is governed by a board, council, or committee, please complete the following questions. Please also attach documentation outlining the required composition of the board and a list of the current board members. If the entity is not governed by a board, council, or committee, you may skip to the next section.

Is the board appointed or elected? Appointed Elected

Who appoints or elects the board (city council, county supervisors, public election, etc.)?

Finance/Budget

Who exercises final approval over the entity's budget? _____

Please indicate the amount of revenue (income) that the entity received in the last full year of operation or expects to receive in the current or next full year, from the sources listed. Indicate in the second column (Percentage of Total Income) the percentage of your total income that each revenue source represents.

Revenue Source	Total Received or Estimated to Receive	Percentage of Total Income
Fees	\$	%
Taxation	\$	%
Governmental subsidies or grants	\$	%
Other (please describe):	\$	%
Other (please describe):	\$	%

If you have listed "Fees" as an income source above, please describe what activity the fees are collected for or on, who the services are provided to, and who pays the fees:

For a timely response, please ensure that the above information is accurate and complete. Remember to attach the following documentation, if applicable:

- Documentation outlining the position requirements to be on the board.
- List of the current board members and their qualification to fill board seats.
- Copy of articles of incorporation, by-laws, charter or any other relevant enactments that establish the entity or govern its actions.

Form Completed By: _____ Title: _____

Signature: _____ Date: _____

For IPERS' use only:

Coverage is: Approved Denied

Coverage reviewed by: _____ Date: _____

Decision reviewed by: _____ Date: _____

If covered, employer ID number assigned: _____ Coverage effective date: _____