OREGON
PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377   Fax – 503-598-0561
Website – https://oregon.gov/pers

Certification of Out-of-State Police Officer

Important: Read instructions before you complete and submit this application.

If you were a police officer in another state, you may be eligible to purchase up to four years of retirement credit for that service.

- You must be a police officer as defined in ORS 238.005 currently employed as a police officer by the state of Oregon or political subdivision of the state of Oregon.
- You cannot be entitled to a pension or retirement allowance by reason of service under a public plan or system offered by any other state or by a political subdivision of any other state.
- Your out-of-state police officer service must have occurred before you became employed in a position that entitled you to credit in the PERS system.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned.

- Make a copy of all forms for your records.

- You are responsible for obtaining the certification and submitting this completed form to PERS.

Section A: Member information

Fill out this section completely.

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

If you do not know your PERS number, leave the PERS number blank.

Please provide your phone numbers and e-mail address so we can reach you with information or questions about your application.

Section B: Member's out-of-state employer information

Member must fill out this section completely.

After you have completed Section B, please submit this form to each of your out-of-state employers.

Section C: Out-of-state employer information

This section is to be completed by each of the out-of-state employer(s).

Forward this form to the retirement system in which the member was enrolled during the time of service.

Section D: Out-of-state retirement system information

Note to member: The retirement system in which you participated during the period of out-of-state employment completes this section.

Instructions to retirement system: The member named in Section A may be eligible to purchase additional service time with the Oregon Public Employees Retirement System. Please fill this section out completely so we can determine eligibility.

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Certification of Out-of-State Police Officer

This form is only for the Tier One/Tier Two program.

Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to member. This could delay your request.)

First name	MI	Last name	Social Security number (SSN)*
Mailing address (street or PO box)			PERS ID (optional)

City	State	ZIP code	Country	Date of birth (mm/dd/yyyy)

Home phone number	Work phone number	Cell phone number	Personal email

Section B: Member out-of-state employer information

Former employer name

Employment began (mm/dd/yy)	Employment ended (mm/dd/yy)

Other names used with former employer

I wish to purchase _____ years _____ months of retirement credit for employment as a police officer in another state. "Police officer" means a person who serves in a position with another state or political subdivision of another state that is the other state's equivalent of a position described in ORS 238.005.

I authorize the public employer and retirement system to release any information the Oregon Public Employees Retirement System requests pertaining to my request for retirement credit.

_____   _____
Member signature (do not print)   Date

Office use only

[X] PERS ☐ OPSRP ☐ IAP

☐ Member ☐ Alternate payee
☐ Cross reference member SSN

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.

* Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

Name: _____ Social Security number: _____

Section C: To be completed by out-of-state employer

The member named in Section A of this form is a member of the Oregon Public Employees Retirement System (PERS) and wishes to establish retirement credit for an out-of-state police officer. Please complete this section for service rendered by the member named in Section A. Your prompt response is requested to avoid an unnecessary delay in the retirement process.

Name of employer	Term of service						Full-time	Part-time	If part-time, full-time equivalent	Number of months served
	From			To						
	Month	Day	Year	Month	Day	Year				

I certify the member named in Section A was employed as a police officer during the term of service listed above.

From the official records of_____
    Name of public employer

Address_____ Phone number _____

Signature _____ Title _____ Date _____

Please forward this completed form to the retirement system in which this person was enrolled during the above term of service. Thank you for your assistance.

Section D: To be completed by out-of-state retirement system

PERS law does not allow retirement credit for service time if the member named in Section A is receiving or entitled to receive a pension or retirement allowance for that same period. To help us determine eligibility, please answer the following questions:

1. Was the individual ever a member of your public retirement system?   ☐ Yes ☐ No

2. Is this individual eligible for or entitled to periodic benefit payments from your system?   ☐ Yes ☐ No

3. Did the individual refund, withdraw, or forfeit their contributions and interest?   ☐ Yes ☐ No

4. Is this an employer-sponsored retirement plan for public employees?   ☐ Yes ☐ No

    If no, explain the type of plan _____

From the official records of _____
                Name of retirement system

Address _____ Phone number _____

Signature _____ Title _____ Date _____

Please return this completed form to the member named in Section A.

The member is responsible for obtaining the certification and submitting this completed form to PERS.

Thank you for providing the requested information.