



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>

## IAP Voluntary Contribution Election

**Important: Read instructions before you complete and submit the enclosed form.**

### General Information

- Use this form if you wish to elect to make additional **after-tax** contributions, in order to make a full 6% contribution to your Individual Account Program (IAP). You must submit an election to request additional IAP voluntary contributions; PERS will not automatically set up additional IAP voluntary contributions without a request via this form or Online Member Services (OMS).
- Mail or fax the form to PERS. You can alternatively make your IAP Voluntary Contribution Election through your OMS account.

### What Are IAP Voluntary Contributions?

For all members earning more than the current monthly salary threshold,\* a portion of your 6% IAP contribution is redirected to an Employee Pension Stability Account (EPSA). Your EPSA will be used to pay for part of your future pension benefit.

**IAP voluntary contributions** are additional after-tax contributions that you elect to have withheld from your paycheck equal to the amount that is being redirected to your EPSA. The IAP voluntary contribution will be deposited into your IAP account to make a full 6% contribution to your IAP.

- **Tier One/Tier Two members:** If your salary exceeds the current monthly salary threshold, 2.5% of your salary is redirected to your EPSA. The remaining 3.5% of your salary is contributed to your IAP. You may elect to make additional after-tax voluntary contributions of 2.5% to make a full 6% contribution to your IAP.
- **Oregon Public Service Retirement Plan (OPSRP) members:** If your salary exceeds the current monthly salary threshold, 0.75% of your salary is redirected to your EPSA. The remaining 5.25% of your salary is contributed to your IAP. You may elect to make additional after-tax voluntary contributions of 0.75% to make a full 6% contribution to your IAP.

\* Visit the following webpages for the most up-to-date information about voluntary contributions, including the current monthly salary threshold for IAP Redirect: Tier One/Tier Two members (<https://www.oregon.gov/pers/MEM/Pages/SB1049-IAP-Redirect-T1T2.aspx>) and OPSRP members (<https://www.oregon.gov/pers/MEM/Pages/SB1049-IAP-Redirect-OPSRP.aspx>).

### Section A: Member Information

- Fill in the personal information block in Section A completely. **You must provide** either your **PERS ID** **or** **SSN** for identify verification.

### Section B: IAP Redirect Voluntary Contribution Election and Acknowledgments (Required)

- Read all statements in Section B and then **check the box** to indicate you want to make after-tax, IAP voluntary contributions, equal to the amount of IAP contributions redirected to your EPSA. The contributions will be withheld from your paycheck from any and all PERS-participating employers with whom you are employed.

### Section C: Member Signature

- Your signature and signature date are required. Forms without a signature will be rejected.



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## IAP Voluntary Contribution Election

This form is strictly for PERS members with non-retired Individual Account Program (IAP) accounts.

### Section A: Member Information (Type or print clearly in dark ink. Illegible forms may be rejected.)

First name	MI	Last name	PERS ID
Mailing address (street or PO box)			Social Security number (SSN)*
City	State	ZIP code	Country
Home phone number	Work phone number	Cell phone number	Email (optional)

### Section B: IAP Redirect Voluntary Contribution Election and Acknowledgments (Required)

- By checking this box, I elect to make additional after-tax contributions to my IAP, to make a total IAP contribution of 6% of my subject salary. I understand these contributions are in addition to my required EPSA contribution and:
- I agree that my IAP Voluntary Contribution Election will be effective the first day of the following month if this form is received by PERS on the first of the month, **or** the first day of the month following one full calendar month if this form is received by PERS on or after the second day of the month.
  - I agree that once I make this election, it will remain in effect until my IAP Voluntary Contribution Discontinuation effective date.
  - **I authorize my employer to withhold additional after-tax IAP contributions equal to the amount redirected to my Employee Pension Stability Account (EPSA).**
  - I understand PERS will provide my employer(s) with my IAP Voluntary Contribution Election effective start and (if later requested) discontinuation dates and I understand my IAP voluntary contributions are only available for withdrawal if I withdraw my entire IAP account.
  - I understand my voluntary contributions become part of my IAP account and are subject to Oregon Revised Statutes and Oregon Administrative Rules that govern the IAP.
  - I understand and agree that as part of my IAP account, my voluntary contribution funds are at risk and subject to IAP Target-Date Fund (TDF) earnings or losses. The state of Oregon, the Treasurer, the Oregon Investment Council, the Public Employees Retirement Board, the Public Employees Retirement System, and their officers or employees, are not liable in a civil action or otherwise, for any losses my voluntary contributions may suffer.

### Section C: Member Signature (Required)

By signing below, I certify I am electing voluntary contributions and have read and agree to the acknowledgments above.

\_\_\_\_\_  
Signature (do not print)

\_\_\_\_\_  
Date

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling toll free 888-320-7377 or TTY 503-603-7766.