

**Please print in ink or type.** You must submit this form to the Oklahoma Public Employees Retirement System (OPERS) within 90 days after you take office. Failure to properly complete and submit this form will result in your default participation in OPERS at the highest applicable member contribution rate. **Participation in OPERS begins on the date you take office.** 

## PART 1: ELECTED OR APPOINTED OFFICIAL INFORMATION

Name (First, Middle, Last)		Soc	ial Se	curit	y nui	mber					
Mailing address (Street or P.O. Box, City, State, ZIP + 4)								Marita			
Daytime telephone number	Personal email address				(Check one) Married, but separated Married					d	
Title of your elected office							Divo	er mar orced	ried		
Agency or County	Beginning date of current term in office					Widowed					
PART 2: ELECTION TO PARTICIPATE - F	Please check the box w	nich corresponds	with	γοι	ur ch	oice.					
<ul> <li>I elect to participate in OPERS – Complete Parts</li> <li>I elect not to participate in OPERS – Complete F</li> </ul>	<b>NOTE:</b> Participation is mandatory for state elected officials first elected after November 1, 2018 with prior OPERS service.										

**PART 3: LEVEL OF PARTICIPATION** – Please check the box which corresponds with your choice.

Members first elected or appointed to an elected office on or after November 1, 2011, participate at a level specified by state law. Members with previous participation in OPERS as an elected official before November 1, 2011, preserve the right to choose their level of participation, provided they did not withdraw their contributions from this prior period of participation. **Elected officials who did withdraw contributions from prior elected service should contact OPERS.** The current member contribution rates and retirement benefit computation factors for elected officials are given in the tables below. Member contribution rates are based on gross compensation and are subject to change.

1. For members first elected or appointed on or after November 1, 2011 – No previous participation as an elected official in OPERS.

No rate	Member Contribution Rate	<b>Benefit Computation Factor</b>			
selection required	3.5%	2.0%			

2. For members first elected or appointed between November 1, 2010, and October 31, 2011 – Previous participation as elected official.

Select one	Member Contribution Rate	Benefit Computation Factor				
	4.5%	1.9%				
	10.0%	4.0%				

**3.** For members first elected or appointed before November 1, 2010 – *Previous participation as elected official.* 

elect one	Member Contribution Rate	Benefit Computation Factor
	4.5%	1.9%
	6.0%	2.5%
	7.5%	3.0%
	8.5%	3.4%
	9.0%	3.6%
	10.0%	4.0%

## **PART 4: SIGNATURES** – This form must be signed and dated by you and your Retirement Coordinator.

I affirm I am either a state or county elected official and I am eligible to participate in OPERS. I understand I must affirmatively accept or decline participation in OPERS within 90 days of when I take office. I further understand my decision is irrevocable concerning my retirement benefits with the state of Oklahoma. I understand failure to timely accept or decline participation automatically constitutes my acceptance to participate in OPERS and contribute at the highest applicable member contribution rate. My decision with respect to participation in OPERS is indicated on this form. If I chose to participate in OPERS, I have also indicated on this form the rate at which I will contribute, if applicable, and understand that such rate has an effect on the amount of benefits I will receive should I retire.

Signature of Elected Official

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Signature of Retirement Coordinator

Date

Date