

## Contributory Coverage Election

| I. Member Information    |               |            |                          |
|--------------------------|---------------|------------|--------------------------|
| Social Security Number   | Last Name     | First Name | Middle Initial or "None" |
| Mailing Address          |               | City       | State      Zip Code      |
| Daytime Telephone Number | Email Address |            |                          |

| II. Member Contributory Election  |                               |
|---|-------------------------------|
| Member Election<br>I elect coverage under the contributory benefit provisions.  |                               |
| Member Acknowledgements <ul style="list-style-type: none"> <li>I have reviewed and understand the differences between the contributory and non-contributory benefit provisions of APERS.</li> <li>The effective date of my contributory coverage is the first payroll period that is paid and reported in the next month after my election and is prospective only.</li> <li>A conversion or purchase of non-contributory service into contributory service is not allowed.</li> <li>My election is irrevocable.</li> <li>My contributions will be five percent (5%) of my pre-tax compensation.</li> </ul> |                               |
| Member Signature  | Date of Contributory Election |

| III. Employment Information   |   |                      |           |
|---|---|----------------------|-----------|
| APERS Employer Number   | APERS Employer Name                         |                      |           |
| Next Month After Contributory Election (mm/yyyy)  | First Paycheck with Deductions (mm/dd/yyyy) | Payroll Cycle        |           |
|   |   | Weekly               | Bi-Weekly |
|   |   | Semi-Monthly         | Monthly   |
| For State Agencies that use the Arkansas Administrative Statement Information System (AASIS): |   |                      |           |
| AASIS Personnel Number  | AASIS Business Area Number                  | AASIS Personnel Area |           |

| IV. Employer Certification  |      |
|---|------|
| Employer Acknowledgements <ul style="list-style-type: none"> <li>The above-referenced employee has elected coverage under the contributory benefit provisions.</li> <li>The effective date of coverage is the first payroll period that is paid and reported in the next month after the contributory election.</li> <li>For purposes of deferring federal and state income tax, we will pick up the member's contributions to the System and make a deduction from the member's salary equal to that amount.</li> <li>We are solely responsible for remitting member contributions to the System including compliance with deadlines and penalties.</li> </ul> |      |
| Employer Representative Signature   | Date |