

VALIDATION OF ENROLLMENT IN A POST-SECONDARY OR COLLEGE DEGREE PROGRAM:

Resident of Hibbing ___ yes ___ no

Currently attending or enrolled at _____ (Name of College)

Anticipated Graduation Date: _____

Please attach documentation of your enrollment in a post-secondary or college degree program.

FULL-TIME STUDENT EXCLUSION CERTIFICATION
Public Employees Retirement Association
 60 Empire Dr., Ste. 200; St. Paul, MN 55103-2088
 Employer Response Line 651-296-3636 or 1-888-892-7372



INSTRUCTIONS: Use this form to confirm exclusion from membership in PERA of an employee who is a full-time student and under the age of 23. Any refund payable based on this status will be delayed until receipt of this completed form. Part A is to be completed by the student/employee. Part B should be completed by the accredited school in which the student is enrolled full-time, and Part C is to be completed by the employer. Signatures are required in both Parts B and C for this form to be valid.

IMPORTANT FACTS ABOUT THE DATA REQUESTED ON THIS FORM

This certification is necessary to determine exemption from membership in PERA, pursuant to Minnesota Statutes, Section 353.01, Subdivision 2b(8), which reads in part as follows:

“employees of a governmental subdivision who have not reached the age of 23 and are enrolled on a full-time basis to attend or are attending classes on a full-time basis at an accredited school, college, or university in an undergraduate, graduate, or professional-technical program, or a public or charter high school”

The data collected through this form will be used for identification purposes and, if applicable, will assist in processing a refund of PERA contributions. The student's Social Security number, mailing address, name of school, and enrollment dates are classified as PRIVATE and are available only to this person, to the staff who must use it to conduct PERA business, and to entities authorized access by law. No private data on this person will be shared with any unauthorized person(s) without informed written consent from this individual.

FOR COMPLETION BY THE EMPLOYEE/STUDENT

A	Name (PLEASE PRINT) - Last, First, Middle Initial			Last 4 Digits of SSN		PERA Member No.	
	Mailing Address - Number and Street, PO Box, Rural Route, etc.						
	City			State		Zip Code	
	NOTE: It is your responsibility to inform your employer of a change in full-time school attendance while you are employed. Such notification to your employer should be as early as possible so the appropriate actions can be taken.						

FOR COMPLETION BY THE ACCREDITED SCHOOL

B	I hereby certify that the above-named is/was in full-time attendance according to this school's standards and practices for the following period:			Beginning Date		Ending Date (Actual or Anticipated)	
	Name of School						
	Signature and Title of School Official					Date	

FOR COMPLETION BY THE EMPLOYER

C	<input type="checkbox"/> I understand that the full-time student exclusion is allowable for only those who are a full-time student (as indicated by the accredited school section above) and under the age of 23. If the employee turns 23 while in our employment, the exclusion is no longer valid and the employee must be enrolled in PERA.						
	Name of Employer and Department (if applicable)					PERA Employer ID	
	Authorized Signature and Title					Date	
	NOTE: When full-time school attendance ceases the employee will be eligible for PERA membership if earnings exceed current salary requirements.						