



AUTHORIZATION AGREEMENT FOR VOLUNTARY PERS IAP CONTRIBUTIONS

I am a PERS Tier One/Tier Two member (hired before August 29, 2003)

I wish to participate in the PERS IAP voluntary contribution program.

___ I authorize the City of Gresham to deduct 2.5% of my salary, semi-monthly, to hold in a non-earning account until at such time PERS invoices this amount.

Once PERS is set up to receive the contributions, slated for Fall of 2020, I agree to enroll in this program through **PERS member services**. Contributions will be sent to PERS semi-monthly at that time.

I am a PERS OPSRP member (hired after August 28, 2003)

I wish to participate in the PERS IAP voluntary contribution program.

___ I authorize the City of Gresham to deduct 0.75% of my salary, semi-monthly, to hold in a non-earning account until at such time PERS invoices this amount.

Once PERS is set up to receive the contributions, slated for Fall of 2020, I agree to enroll in this program through **PERS member services**. Contributions will be sent to PERS semi-monthly at that time.

EMPLOYEE NAME _____

EMPLOYEE # _____

EMPLOYEE SIGNATURE _____ DATE: _____

RETURN TO payroll@greshamoregon.gov