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

Complete this form ONLY if you are a full-time student under the age of 22 and wish to be eligible to fill temporary positions lasting up to 100 working days (instead of the standard 67 working days). Section A must be completed by you. Section B must be completed by your school. The form must be returned with your application to be considered eligible for 100 working days.

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.

A — FOR COMPLETION BY THE EMPLOYEE/STUDENT

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.

B — FOR COMPLETION BY THE ACCREDITED SCHOOL

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

C — FOR COMPLETION BY THE EMPLOYER

☐ 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.