



## Plan Enrollment (Member Information Form)

New and returning employees use this form to enroll in a PERS, TRS or SERS retirement plan. Submit this form to your employer within 90 days of your hire date.

**Give completed form to your employer**

Need help? Contact DRS.  
800.547.6657 or 360.664.7000  
TTY: 711 • [drs.wa.gov](http://drs.wa.gov)

Choosing a plan? Visit **[drs.wa.gov/choice](http://drs.wa.gov/choice)** for info to help you decide.

### Member Status and System

<b>Member Status</b> <input type="checkbox"/> <b>New Member</b> Choosing Plan 2: Complete sections 1, 2 and 3 Choosing Plan 3: Complete sections 1, 2, 3 and 4 <input type="checkbox"/> <b>Returning Plan 1 or Plan 2 Member</b> Complete section 1 only <input type="checkbox"/> <b>Returning Plan 3 Member</b> Complete sections 1, 3 and 4	<b>System</b> <input type="checkbox"/> <b>PERS</b> Public Employees' Retirement System <input type="checkbox"/> <b>TRS</b> Teachers' Retirement System <input type="checkbox"/> <b>SERS</b> School Employees' Retirement System
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### Section 1: Personal Information

Name (Last, First, Middle)		Social Security Number	
Mailing Address	City	State	ZIP
Birthdate (mm/dd/yyyy)	Gender (optional) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Phone Number	
Email Address			

### Section 2: Retirement Plan Selection (new members)

Choose your plan. **Your selection is permanent.** If your employer does not receive this form within 90 calendar days of your hire date, you will be permanently assigned to Plan 2.

- ☐ Plan 2  
☐ Plan 3

### Section 3: Signature Required (new and returning members)

This form confirms your active enrollment in a Department of Retirement Systems PERS, TRS or SERS retirement plan. Sign and date this form the day you submit it to your employer.

**New member:** I have chosen the retirement plan marked in Section 2. I understand my retirement plan selection is permanent. If I selected Plan 3, I have also completed Section 4.

**Returning Plan 3 member:** I have completed Section 4 on the back of this form. I also understand that if I do not select a contribution rate within 90 days, I will be assigned a rate of 5%.

Signature	Date
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#### Section 4: Plan 3 Contribution Rate and Investment Selection

**Plan 3 contribution rate:** The percentage of your pay that will go toward your retirement account. If you don't choose, your default rate will be Option A. You can only change your rate when you change employers (or by purchasing optional service credit from work as a substitute teacher).

Option	Your Contribution Rate
<input type="checkbox"/> Option A	5.0%
<input type="checkbox"/> Option B (age based)	5.0% up to age 35 6.0% ages 35 to 44 7.5% age 45 and older
<input type="checkbox"/> Option C (age based)	6.0% up to age 35 7.5% age 35 to 44 8.5% age 45 and older
<input type="checkbox"/> Option D	7.0%
<input type="checkbox"/> Option E	10.0%
<input type="checkbox"/> Option F	15.0%

**Plan 3 investment.** Choose one. You can change your investment selections at any time.

- ☐ **Use the target date fund for my age (SELF Program)**  
This option places you in the target date fund that assumes you'll begin withdrawing funds at age 65. No additional action is needed if you choose this option.
- ☐ **I will choose my own investments (SELF Program)**  
If you choose this option, your Plan 3 account will need to be created before you can select investments. Once you submit this form and receive a letter that confirms your plan choice, visit [drs.wa.gov/login](https://drs.wa.gov/login) to choose your investments (or call 888-327-5596). If you do not choose investments, your contributions will be invested in the target date fund that assumes you'll begin withdrawing funds at age 65.
- ☐ **Washington State Investment Board TAP (WSIB Program)**  
This one-step fund is not adjusted based on your age, but is managed in the same way the state pension fund is invested. No additional action is needed if you choose this option.

For more information about Plan 3, including a complete list of available investments, visit [drs.wa.gov/login](https://drs.wa.gov/login) or call 888-327-5596.

**Return the completed form to your employer.**

#### Section 5: To Be Completed by Employer

Employer Name and Mailing Address	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Reporting Group  Employers: Load completed form to the Upload Documents section of ERA. OR mail to Department of Retirement Systems; PO Box 48380; Olympia, WA 98504-8380						

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.