

# Report of Member Status

Please type or print clearly in black ink. Instructions on page 2.

■ **Contact Us** – toll free: (888) 275-5737 • phone: (785) 296-6166 • fax: (785) 296-6638  
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■ **Important** – Employers complete this form to enroll new members or to report changes in a member's employment status. *Receiving this information in a timely manner is essential for keeping employee records current.* Please make sure that each member is given the opportunity to complete a Designation of Beneficiary form (KPERS-7/99).

■ **Part A – Member Information** – Complete this section for all members.

1. Reason for Completing This Form (mark one):  
 Enroll a New Member     Transfer Membership     Return to Payroll     Report Dual Employment
2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Name (First, MI, Last): \_\_\_\_\_
4. Previous Name (if different): \_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Gender:     Male     Female
7. Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
8. Employer: \_\_\_\_\_
9. KPERS Employer Number: \_\_\_\_\_
10. Department Number: \_\_\_\_\_
11. Membership Category (mark one):     KPERS     KP&F     Judges     Elected Official     Legislator
12. Date Member Began Employment or Returned to Payroll in a KPERS-Covered Position: \_\_\_\_/\_\_\_\_/\_\_\_\_
13. For Employees on Military Leave Only (enter dates of leave without pay): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please include a copy of the employee's discharge papers (DD214).*
14. For State of Kansas Correctional Employees Only (mark one):     Group A     Group B     Group C  
*If reporting a group change, please select "Return to Payroll" above and mark the new group.*

■ **Part B – New Member Information** – Complete this section for new members only.

1. Employee's Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    2. Year of Service Salary (non-school only): \$ \_\_\_\_\_
3. Dates of Leave Without Pay During Year of Service (non-school only): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*An employee's membership date must be adjusted if the employee is off the payroll for more than **ten** work days without pay during the "year of service."*

■ **Part C – Service Information** – Complete this section for all members.

1. Service With Current Employer:    Beginning and Ending Dates of Service (month/day/year)  
Present Position: \_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Former Position: \_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Former Position: \_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Comments: \_\_\_\_\_  
\_\_\_\_\_

■ **Part D – Designated Agent Statement**

"I certify that the information provided on this form is true to the best of my knowledge."

Designated Agent Signature: \_\_\_\_\_    Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Report of Member Status Instructions

## ■ Part A – Member Information – Complete this section for all members.

1. When an employee is first hired, please call the Retirement System office before completing this form to verify whether the employee has any previous membership. Mark the corresponding box to indicate the member's current status.

**Enroll a New Member:** A new member is an employee who does not have previous membership with any Retirement System employer or was previously a member and withdrew his or her contributions. For *non-school* employees, submit this completed form after the “year of service” is completed. KP&F, Judges and KPERS School employees become members immediately and do not have a “year of service.”

**Transfer Membership:** Mark this box if an employee has membership from previous service with another participating employer and did not withdraw Retirement System contributions when he or she ended employment.

**Return to Payroll:** Mark this box if an employee has previous service with your employer and did not withdraw Retirement System contributions when he or she ended employment.

**Report Dual Employment:** Mark this box if the employee holds covered positions with two or more participating employers and meets the membership requirements at each position. Each employer completes a Report of Member Status form (KPERS-1).

2-7. Enter the indicated personal information.

8. Enter the name of the participating employer.

9. Enter the employer's (4) four-digit KPERS identification number. State agencies, enter the state agency number preceded by the capital letter “S.”

10. Enter the department number to be used when reporting this member's compensation on the annual report.

11. Indicate whether the member is participating in KPERS, KP&F, Judges, or is an elected official or legislator.

*Elected Officials:* Please include a completed Elected Official Irrevocable Election of Membership form (KPERS-3).

*Legislators:* Please include a completed KPERS Membership and Death and Disability Coverage form (KPERS-3A).

12. Enter the date the member became employed in a Retirement System-covered position at your employer.

13. If the employee was on military leave, enter the dates the employee was off the payroll due to a military leave of absence. In certain circumstances, Kansas law allows the Retirement System to grant KPERS service credit for active military duty. Please include a copy of the employee's discharge papers (DD214) showing the period of military duty.

14. If the employee is a correctional officer, mark the corresponding box to indicate the appropriate employment group. If a group change occurs, submit a new form to our office marked “Return to Payroll” with the new group selected.

## ■ Part B – New Member Information – Complete this section for new members only.

1. Enter the employee's membership date.

2. Non-School Employees Only – Enter the compensation earned during the “year of service” before membership.

3. Non-School Employees Only – Enter dates the employee was on leave without pay during the “year of service.” An employee's membership date must be adjusted if the employee is off the payroll for more than **ten** work days without pay during the “year of service.”

## ■ Part C – Service Information – Complete this section for all members.

1. Please list the employee's present and former position titles at your employer. Include appropriate beginning and ending (if applicable) dates of employment.

2. Additional space is provided for comments and additional information.

## ■ Part D – Designated Agent Statement

1. The participating employer's designated agent must sign and date the form. The Retirement System will accept only the designated agent's signature on file or an authorized representative whose signature is also on file.