

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
**124 W. Capitol Ave, Suite 400**  
**Little Rock, AR 72201**

**Return to APERS Covered Employment**

(In Compliance with ACA 24-4-1101(c))

**FOR COMPLETION BY MEMBER**

I, \_\_\_\_\_, terminated as a non-contributory member from a  
(Printed Member Name)

position covered APERS employer and have returned to a position covered by APERS within six (6) months, and elect to be covered as a(an):

\_\_\_\_\_ Non-Contributory Member

\_\_\_\_\_ Contributory Member

I understand that as a member of the contributory plan, 5% of my pretax earnings will be submitted to APERS on my behalf. I also understand that there are many differences between the contributory and the non-contributory provisions of the Retirement System, and I realize that this election is irrevocable.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

**FOR COMPLETION BY EMPLOYER**

I, \_\_\_\_\_, representing \_\_\_\_\_/  
(Printed Employer Representative Name) (Printed Employer Name)

\_\_\_\_\_ indicate by my signature below that I have been advised that  
(APERS Employer Number)

the above referenced employee has made an irrevocable election in compliance with ACA 24-4-1101(c) regarding their APERS membership.

I further understand that (i) this election by a member must be made immediately upon hire; (ii) although designated as employee contributions, the contributions are being paid by the employer in lieu of contributions by the employee; and (iii) the employee must NOT be given the option of choosing to receive the contributed amounts directly instead of having them paid by the employer to APERS.

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

**(NOTE: This form is to be completed (along with the Membership Data Form) if the employee is returning to an APERS covered position within six (6) months of their prior coverage).**