



# Employee Exclusion Acknowledgement

124 West Capitol Avenue Suite 400 • Little Rock AR 72201-3700  
 Phone: (800)682-7377 • Fax: (501)682-7843 • Website: www.apers.org

I. Employee Personal Data	
Social Security Number	Name (Last, First, Middle Initial)
Mailing Address	City, State, Zip Code
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

II. Employment Information		
APERS Employer Number	Employer Name	
Hire Date (mm/dd/yyyy)	Hire Status <input type="checkbox"/> Active Member <input type="checkbox"/> DROP Participant <input type="checkbox"/> Retired Member	
Position	Planned Monthly Hours	Hourly Rate

III. Exclusion Information
Indicate the Reason the Employee is Excluded from Enrollment <input type="checkbox"/> The Employee Is A Member of Another State-Authorized Retirement System <input type="checkbox"/> The Employee Was Not Hired with the Intent of Working 90 Consecutive Calendar Days <input type="checkbox"/> The Employee Will Not Work 80 Hours Per Month During a Period of 90 Consecutive Calendar Days <input type="checkbox"/> The Employee Does Not Earn the Federal Minimum Wage

IV. Exclusion Certifications	
<ul style="list-style-type: none"> <li>▪ I acknowledge that I read the <i>Enrolling in the Retirement System and Excluding Employees from Enrollment in the System</i> publications that explain the membership provisions and exclusion provisions for employees of participating public employers.</li> <li>▪ I certify that the employment and exclusion information provided above is accurate and complete based on my knowledge or the information provided to me.</li> <li>▪ I understand that if membership eligibility was incorrectly determined or if the employee later becomes eligible, employee and employer contributions may be due beginning on the date of eligibility.</li> </ul>	
Employee Signature	Date
Employer Representative Signature	Date

# Excluding Employees from Enrollment in the System

## Summary

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This notice is provided on behalf of the Arkansas Public Employees' Retirement System (the "System") to persons who become employees of a public employer who participates in the System. This notice provides important information about membership and enrollment in the system.

## Membership Provisions

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### Membership as a Condition of Employment

All employees of participating public employers must become members of the system as a condition of employment. "Employees" means all officers and employees of any office, agency, board, commission or department of a public employer whose compensations are payable from funds appropriated by the employer or payable in whole or part from federal funds.

### Membership Exclusions

"Employees" does not include the following persons:

- Persons who are members of any other state-authorized retirement system, except the following persons who may participate in another state-authorized retirement system:
  - Members of the General Assembly,
  - Persons participating in the Local Police and Fire Retirement System (LOPFI) because of their status as voluntary firefighters, and
  - Persons who have dual full-time employment in separate positions covered by APERS and LOPFI.
- Persons employed with the intent of working less than ninety (90) consecutive calendar days,
- Persons who do not work at least eighty (80) hours per month during a period of ninety (90) consecutive calendar days, and
- Persons whose rate of pay is less than the federal minimum wage.

If employees meet any of the above conditions, they are excluded from membership.

## Exclusion Provisions

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### Excluded Employees

When employees meet a membership exclusion, employers should not enroll them in the System. For excluded employees, employer and employee contributions are not required. Excluded employees also do not earn service credit toward retirement, and they are not otherwise eligible to receive retirement benefits based on the excluded service.

### Newly Eligible Employees

If at any time during their employment employees no longer meet a membership exclusion, employers must enroll them in the System and they become members. For active members both employee and employer contributions are required, and the active members begin to earn service credit. For retired members, only employer contributions are required, and the retired members do not earn service credit.

## Completing the Acknowledgement Form

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To exclude employees from the system, employees and employer representatives must complete an *Employee Exclusion Acknowledgement* form and submit it to our office. Employers should submit the form to our office by the end of the month in which the employee was hired. This timeframe allows the System to quickly resolve any issues related to incorrect membership determinations.

The following information explains how to complete sections I through IV of the *Employee Exclusion Acknowledgement* form.

### I. Employee Information

Employees must provide their Social Security Number (SSN) and name.

### II. Employment Information

Employer representatives must complete this section to provide the public employer data and employees' employment information. The public employer information includes the five-digit APERS employer number and the employer name; and the employment information includes the hire date, hire status, position, planned monthly hours and hourly rate.

### III. Exclusion Information

Employer representatives must complete this section to indicate the reason the employee is excluded from enrollment.

### IV. Enrollment Certifications

Employees and employer representatives must sign this section to acknowledge that they read this publication and to certify that the information provided on the acknowledgement is true and complete.

## Obtaining Additional Information

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If you have questions about employee exclusions, please contact a call center representative toll free at (800) 682-7377 or visit our website at [www.apers.org](http://www.apers.org).

