

# **Lifetime Membership Application**

Public Employees Pension Service Association  
400 Selby Ave, Suite J  
St. Paul, MN 55102  
(651)224-8146 Phone

I hereby apply to PEPSA for a LIFETIME MEMBERSHIP, I certify that I meet all the following requirements:

- 1) That I am a current dues paying member of PEPSA; (If you currently are not a member, you may join at this time by paying for a one year membership in addition of the cost of a lifetime membership.)
- 2) That I have retired, or will retire this year from public employment;
- 3) That I am eligible to receive pension/annuity benefits from PERA;
- 4) That I have enclosed the lifetime membership fee; (currently \$120.00)
- 5) That I give PEPSA express permission to verify the above eligibility requirements with PERA.

**PLEASE PROVIDE THE FOLLOWING INFORMATION AS PART OF YOUR APPLICATION. This information is for the exclusive use of PEPSA. The information will not be released to any other individual or organization except for determining membership eligibility as noted above.**

**PLEASE PRINT**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**LAST PUBLIC EMPLOYMENT (Name of County, City, School Dist., etc.)**

\_\_\_\_\_  
**LAST POSITION HELD** \_\_\_\_\_

**FROM (Year)** \_\_\_\_\_ **TO (Year)** \_\_\_\_\_

**YEARS OF SERVICE** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**NAME OF DESIGNATED PERA BENEFICIARY (If applicable)**

\_\_\_\_\_

**BENEFICIARY ADDRESS (If different than your own)**

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**SEX** \_\_\_\_\_ **MARITAL STATUS** \_\_\_\_\_ **PERA NUMBER** \_\_\_\_\_

**HELPFUL INFORMATION (This section, while voluntary, will be helpful to PEPSA in using your skills, your voice, and your VOTE in helping to preserve and protect what you have earned - YOUR PENSION!)**

**Please mark as appropriate:**

**Are you a property taxpayer?** \_\_\_\_\_

**WHEN NECESSARY, I AM WILLING TO HELP PEPSA IN THE FOLLOWING WAYS:**      **I am willing to call or write my State Senator or Representative** \_\_\_\_\_

**I personally know my State Senator or Representative** \_\_\_\_\_  
                                 *Name of Senator or Rep. that you know*

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**Legislative District** \_\_\_\_\_

**I AM WILLING TO HELP PEPSA IN MY AREA BY:**

**Calling other members or retirees eligible for PEPSA** \_\_\_\_\_

**Helping organize information sessions about PEPSA in my old workplace** \_\_\_\_\_

**Helping at PEPSA Headquarters with office tasks** \_\_\_\_\_

**HERE ARE THE NAMES AND ADDRESSES OF OTHER RETIRED CITY, COUNTY, SCHOOL DISTRICT OR MUNICIPAL EMPLOYEES THAT WOULD BENEFIT FROM PEPSA MEMBERSHIP:**