



# Annual Employer Information Request

Form AEIR – Revised 03/15/2023

Form is to be completed by employee responsible for the administration of employer's agreement under Section 218 of the Social Security Act. Please print or type in black ink. Completed form should be mailed, emailed, or faxed to PERS. See bottom of form for contact information.

**1 Employer Information** – Employer Representative listed in Section 1 should be the employee responsible for the administration of employer's agreement under Section 218 of the Social Security Act.

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has there been a change to the legal name or legal structure (including mergers, dissolutions, etc.) of this employer in the past 10 years? .....  Yes  No

If yes, please explain: Attach additional pages as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2 Social Security and Medicare Coverage**

Number of employees covered under employer's agreement under Section 218 of the Social Security Act: \_\_\_\_\_

Are all employees covered by both Social Security and Medicare? .....  Yes  No

If no, do any employees pay only Medicare taxes? .....  Yes  No

Does this employer have any employees who pay neither Social Security nor Medicare? .....  Yes  No

If yes, please list the positions or provide a brief description of the type of work these employees perform:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 Federal Taxes and PERS Reporting**

Are Federal Insurance Contributions Act (FICA) taxes withheld for all employees? .....  Yes  No

Position(s) for which employer does not currently report PERS retirement contributions: Check any/all that apply. ....  Elective  Part-time  Fee-based

**4 Employer Certification**

As the employer representative listed in Section 1, I certify that I am responsible for the administration of the agreement under Section 218 of the Social Security Act for the employer listed in Section 1. I further certify that all above information is correct and complete to the best of my knowledge.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_