



# Annual Employer Information Request

Form AEIR – Revised 10/04/2024

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. Please note that this form is completed by both PERS-covered and non-PERS-covered employers.

Employer Name: \_\_\_\_\_

PERS Employer No. If agency was issued one, if not then leave blank: \_\_\_\_\_

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.

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

Is employer a PERS-covered agency? .....  Yes Complete Section 2  No Skip Section 2

**2 PERS Coverage** – To be completed by PERS-covered agencies only.

Are all current employees covered by PERS? .....  Yes  No\*

\* If no, check any/all positions for which PERS retirement is not withheld: Check any/all that apply

Elective  Part-time  Fee-based  Firefighter  Police Officer  Other(s) Please list: \_\_\_\_\_

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

**3 Social Security and Medicare Coverage**

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

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

\* If no, check any/all positions for which Social Security and Medicare are not withheld: Check any/all that apply

Elective  Part-time  Fee-based  Firefighter  Police Officer  Other(s) Please list: \_\_\_\_\_

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

**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: \_\_\_\_\_