Washoe County School District

Choosing Your PERS Path: Schedule B vs. Schedule A

New employees are automatically enrolled in Schedule B.
You have a one-time, permanent option to switch to Schedule A.

Both plans offer the same retirement benefits but differ in immediate pay, tax treatment, and refundabiiity if you leave.

Schedule B (The Default Plan)

Automatic Enrollment:
No action required; this is the default.

IMMEDIATE FINANCIAL IMPACT



HIGHER HOURLY RATE

Higher base hourly rate; boosts overtime & vacation payouts.



LOWER TAKE-HOME PAY

Contributions deducted from paycheck; net pay is slightly lower.

CONTRIBUTIONS & REFUNDABILITY



100% Employer Match & Refundable

Contributions are matched 100% by employer and are 100% refundable if you leave before retirement (without interest).



50% Non-Taxable at Retirement

Half of your monthly PERS payment will be non-taxable upon retirement.

Schedule A (The Optional Switch)

Form Required: Must request and complete a Change form.

IMMEDIATE FINANCIAL IMPACT



LOWER HOURLY RATE

Lower hourly rate & reported salary; reduces overtime & vacation payouts.



HIGHER TAKE-HOME PAY

No retirement deductions from gross pay; net take-home pay is slightly higher.

CONTRIBUTIONS & REFUNDABILITY



Employer-Paid Contributions & Non-Refundable

Employer pays full contribution; no deductions. Contributions are NOT refundable if you leave your job.



Permanent & Irreversible Election

One-time election; cannot switch back even if moving to another Nevada agency.

GOOD TO KNOW



Retirement Benefits are Equal

Your ultimate retirement benefits remain exactly the same regardless of your plan choice.



The Core Differences

The choice only changes your current paycheck structure and eligibility for a refund if you leave.

QUESTIONS? REACH OUT TO PERS

Toll-Free: 1-866-473-7768 | Carson City: (775) 687-4200 | Las Vegas: (702) 486-3900

NotebookLM

Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 - Fax (775) 687-5131
5740 S. Eastern Ave. Suite 120, Las Vegas, NV 89119 (702) 486-3900 - Fax (702) 678-6934
Toll Free Number 1-866-473-7768 Website www.nvpers.org

MEMBER ENROLLMENT

Education Support Staff/ Cycle 02 Employees

This form should be completed for all new hires that are eligible for enrollment under NRS 286.293. This form is also used to enroll persons who have returned from leave without pay or from ineligible status, or for a retired employee electing to re-enroll under authority of the Critical Need Provision. *Please note, this form should only be used if your agency has not transitioned to PERIS.*

Member Information: (Please print legibly, using black or blue ink)

SS# _____/_____/_____

Name:_____
First MI Last – Suffix

Date of Birth:_____/_____/_____
Mo Day Yr

Mailing Address:_____ ❒ Married ❒ Single ❒ Registered Domestic Partner

City_____State:_____Zip:_____ ❒ Male ❒ Female

Personal Email:_____

Prior Agency / Name Information

List prior Nevada Public Agencies where you have worked:_____

List any other names under which you were enrolled in PERS:_____

Are you currently employed with a second Nevada public employer?_____Yes, please list:_____

Agency Information and Certification (To be completed and signed by agency liaison officer or authorized rep.)

Agency Name:_____Agency #_____ Budget #_____
3-Digit Number 4-Digit Number

Member Enrollment Date: _____Member Returned from LWOP / Ineligible Date:_____

Position Title: _____ ❒ Full-time ❒ Part-time ❒ Job Share
All Agencies Must List Member's Position Title

Is Member: (Check only one)

❒Ordinary Member ❒Police/Fire Member ❒ Volunteer Fire Member ❒Legislator

❒ Retired Employee – Position Approved Under Critical Need Provision (attach approval document)

❒ Retired Employee – Non Critical Need Position

If Elected Official, check appropriate box: ❒ Commissioner ❒ Councilman ❒ Mayor ❒ Other Elected Official

For School Districts Only:

Position Type How is the Member Paid? ❒ 9 months out of 9 (9/9) ❒ 9, 10, 11 months out of 12 (9/12) ❒ 12 months out of 12 (12/12)

Is Member under contract? ❒ No ❒ Yes, Give Start Date_____

I certify that this individual is employed in a position requiring half time or more service according to employer's full-time work schedule.

Signature:_____Date:_____
Liaison Officer or Authorized Representative

Print:_____

Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703
Toll Free: (866) 473-7768 • www.nvpers.org • Email: nvpers@nvpers.org

Member's Social Security Number: _____

SURVIVOR BENEFICIARY DESIGNATION

****THIS FORM SUPERSEDES ALL PRIOR BENEFICIARY DESIGNATIONS****

Member Information Name Change Yes No If Yes, Former Name: _____

Name:_____ Birth Date:_____ Email: _____

Family Beneficiary Information. A spouse or registered domestic partner is a member's primary beneficiary under NRS 286.674 and may be eligible to receive a lifetime benefit in the event of the member's death prior to retirement. If a monthly benefit is not available, the spouse or registered domestic partner may be eligible to receive a one-time lump-sum payment of any existing member contributions in the System. Children under age 18 may be eligible to receive a limited benefit.

Name of Spouse or Registered Domestic Partner:_____ Birth Date:_____

List all unmarried children (biological or legally adopted) under age 18. (Attach separate sheet if necessary.)

Name:_____ Birth Date:_____ M F

Name:_____ Birth Date:_____ M F

Name:_____ Birth Date:_____ M F

Survivor Beneficiary Designation. This designation is valid only upon the member establishing eligibility for survivor benefits pursuant to NRS 286.672 and 286.6767. **All members of the System should list one person as the Survivor Beneficiary (not a spouse or registered domestic partner, trust or charitable organization) to receive a lifetime benefit in the event of the member's death or member and spouse's or registered domestic partner's simultaneous death prior to retirement. Additional Payees may be designated to split the payment with the Survivor Beneficiary by percentage. Monthly payments to Additional Payees cease upon the death of the designated Survivor Beneficiary. If a monthly payment is not available and no spouse or registered domestic partner exists, then the Survivor Beneficiary and Additional Payees may be eligible to split, by percentage designated, a one-time, lump-sum payment of any existing member contributions in the System.**

Survivor Beneficiary: (If you do not wish to provide a lifetime benefit for Survivor Beneficiary/Additional Payees, indicate NONE.)

Name:_____ Birth Date:_____ M F
Address:_____ City, State, Zip:_____ Percent*

Additional Payees: (Attach separate sheet, if necessary)

Name:_____ Birth Date:_____ M F
Address:_____ City, State, Zip:_____ Percent*

Name:_____ Birth Date:_____ M F
Address:_____ City, State, Zip:_____ Percent*

Name:_____ Birth Date:_____ M F
Address:_____ City, State, Zip:_____ Percent*

***Survivor Beneficiary & Additional Payee Percentages must be whole numbers and total 100% when added together**

TOTAL PERCENTAGES FOR SURVIVOR BENEFICIARY + ALL ADDITIONAL PAYEES = _____ Total %

Tertiary Beneficiary Designation. The tertiary beneficiary may be eligible to receive a one-time lump-sum payment of any existing member contributions in the System when there is no spouse or registered domestic partner **and** no Survivor Beneficiary/Additional Payee designated or living **and** no minor children/student payments are being made by the System. If more than one person is listed, the payment will be split equally unless otherwise stated by the member. Attach a separate sheet if necessary.

Name:_____ Birth Date:_____ M F

Address:_____ City, State, Zip:_____

Name:_____ Birth Date:_____ M F

Address:_____ City, State, Zip:_____

I understand that the information designated on this form supercedes all prior Beneficiary Designations that I have submitted on other forms, and that this information only affects records with the Public Employees' Retirement System.

Member Signature:_____ Date:_____

For PERS Use - Date Received

Survivor Benefits

If a member dies prior to retirement, eligible survivors are entitled to a monthly survivor benefit. Pursuant to NRS 286.671, eligible survivors are the member's spouse or registered domestic partner or Survivor Beneficiary and Additional Payees. In addition, dependent children under the age of 18 at the time of the member's death would also be eligible for a benefit. In order for the Survivor Beneficiary and Additional Payees to receive benefits, the member must be unmarried at the time of death. To qualify for survivor benefits, the member must have:

1. Two years of service in the two and one-half years immediately preceding the member's death;
2. Ten or more years of accredited service; or
3. Died as a result of an occupational disease or as a result of an accident arising out of or in the course of employment, regardless of service credit.

The calculation of benefits for the spouse or registered domestic partner or the Survivor Beneficiary and Additional Payees is based on the number of years of service credit the member had at the time of death. If the member had less than 10 years of service credit, the benefit would be $450.00 paid to the spouse or registered domestic partner or split between the Survivor Beneficiary and the Additional Payees based on the designated percentage.

If the member had more than 10 years of service credit but less than 15 years, the benefit would be paid under Option 3, which is calculated based on the member's age at the time of death, the spouse's or registered domestic partner's or Survivor Beneficiary's age, member's service credit, and average compensation. A flat rate monthly benefit of $450.00 could be substituted for the Option 3 benefit, depending on which is greater.

If the member had more than 15 years of service credit or was fully eligible to retire, the benefit would be paid under Option 2, which is calculated based on the member's age at the time of death, the spouse's or registered domestic partner's or Survivor Beneficiary's age, member's service credit, and average compensation. A flat rate monthly benefit of $450.00 could be substituted for the Option 2 benefit, depending on which is greater.

Dependent children under the age of 18 at the time of the member's death, who were the issue of or legally adopted children of the member, are entitled to a monthly benefit of $400.00 per month until the child reaches age 18. Once the child reaches age 18, he/she must be a continuous full-time student to receive benefits until age 23.

Benefits cease upon death of the Survivor Beneficiary. Therefore, if the System was paying benefits to a Survivor Beneficiary and Additional Payees, when the Survivor Beneficiary dies, payments to the Additional Payees would cease as well. If an Additional Payee dies, the benefit amount would be redistributed among the remaining payees.

The designation of the Survivor Beneficiary and the Additional Payees must be made on the PERS' form entitled Survivor Beneficiary Designation. Your Survivor Beneficiary and Additional Payees will receive payment based on the percentages you designated for the lifetime of the Survivor Beneficiary. The form must be properly completed and be submitted or postmarked with a date prior to the member's death.

In the event the member fails to meet eligibility requirements for survivor benefits prior to death, a lump-sum refund of any employee contributions would be paid to the member's spouse or registered domestic partner. If no spouse or registered domestic partner exists the refund would be paid to the listed Survivor Beneficiary/ Additional Payees. If there are no listed Survivor Beneficiary/Additional Payees the refund would be paid to the listed Tertiary Beneficiary/ies. If there are no listed Tertiary Beneficiary/ies the refund would be paid to the member's estate. If there is no estate, the refund would be paid to the member's heirs.

If you have additional questions, please contact us at (775) 687-4200, (702) 486-3900 or toll-free 1-866-473-7768.