OREGON PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 Fax – 503-598-0561
Website – https://oregon.gov/pers

Instructions for Workers' Compensation Certification

Use this form to request PERS Tier One/Tier Two service credit under Oregon Revised Statutes Chapter 238.175 or OPSRP retirement credit under 238A.155 for periods of workers' compensation or disability. See periods of disability (full cost purchase) on the PERS website for more information.

General information

- PERS Tier One/Tier Two members may receive service credit for any eligible workers' compensation period(s).
- OPSRP members may receive retirement credit for eligible workers' compensation periods ending on or after August 2, 2017.
- Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.
- Do not change anything on this form; alterations will void the form.
- Complete Sections A, B, and C.
- If applicable, submit this form to your employer for completion of Section D.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

Enter your name and complete address in the appropriate fields.

Enter your PERS ID and SSN in the boxes provided. If you do not know your PERS ID, leave the PERS ID box blank. If you do not have an email address or prefer not to be contacted through email, leave that box blank.

Section B: Employer information related to workers' compensation

Enter the employer name you worked for when you received workers' compensation.

Section C: Certification method

If you are submitting this information yourself, select the first box.

If you are submitting this information to your employer to complete, select the second box.

Section D: Employer certification

Employer: Select one of the boxes in this section to certify whether or not the member listed in Section A was or was not on an approved and compensable workers' compensation or disability claim during the period the member listed in Section B.

Sign and date the form, and mail to PERS, PO Box 23700, Tigard OR 97281-3700, or fax to 503-598-0561.

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2119C

Workers' Compensation Certification

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Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to member. This could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS ID (optional)
City	State	Zip code	Country / Date of birth (mm/dd/yyyy)

Home phone number	Work phone number	Cell phone number	Email (optional)

Section B: Employer information related to workers' compensation

Employer name	
Requested period began (mm/dd/yyyy)	Requested period ended (mm/dd/yyyy)
Other names used with previous employer	

Section C: Certification method

☐ I am submitting documentation with this form confirming I was approved and paid for a workers' compensation claim for the period listed in Section B. Section D is not required and I understand that PERS will verify my eligibility.

☐ I am submitting the form to my employer for confirmation of my approved and paid workers' compensation claim for the period listed in Section B. My employer will complete Section D.

Member signature _____ Date _____

Section D: Employer certification

☐ I certify that the member named in Section A was on an approved and compensable workers' compensation or disability claim during the period listed in Section B.

☐ The member named in Section A was NOT on an approved and compensable workers' compensation or disability claim during the period listed in Section B.

Employer representative name _____ Employer representative signature _____ Date _____

Please mail the completed form to PERS, PO Box 23700, Tigard OR 97281-3700, or fax it to 503-598-0561. Thank you for providing the requested information.

*** Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.**

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling **toll free 888-320-7377** or **TTY 503-603-7766.**

Form #459-679 (10/4/2017) **SL3 IIM Code: 2119C**

Print Form *Clear Fields*