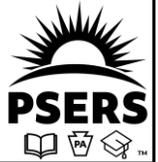


5 N 5th Street  
 Harrisburg PA 17101-1905  
 Toll-free: 1.888.773.7748  
 www.psers.pa.gov  
 Fax: 717.772.3860  
 PSRS-349 (07/2019)

# Questionnaire to Determine PSERS Eligibility



The application will be used to determine the applicant's eligibility for PSERS membership. If the applicant's situation requires different answers for different services and/or contexts, please elaborate as necessary. **Applicants with tax collection responsibilities should also complete questions 30 and 31. If elected or paid by commission or on a fee basis, applicant is NOT eligible to apply for membership.**

## A Employer (Reporting Unit) Information

|                  |                |
|------------------|----------------|
| Employer         | Employer #     |
| Employer Contact | Employer Phone |

## B Applicant Information

|                        |               |
|------------------------|---------------|
| Name                   | SS#           |
| Address _____<br>_____ | Date of Birth |
|                        | Phone         |

|   |  |
|---|--|
| Position Title _____  |  |
| For what period(s) of time did applicant perform these services?  | Mon/Yr _____ - Mon/Yr  |
| 1. Was this position an already existing position or was it newly created for the applicant?              | <input type="checkbox"/> Existing position<br><input type="checkbox"/> Created for applicant   |
| 2. Is the applicant the first person to do these duties? If not, who did these duties prior to applicant? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No, they were previously done by:   |
| 3. Does the employer provide any fringe benefits to the applicant?  | <input type="checkbox"/> Yes ( <i>indicate</i> )<br>___Pd. Vacation ___Pd. Sick ___Health Ins. ___Life Ins.<br>___Worker's Comp. ___Unemployment ___Other ( <i>list below</i> )<br><input type="checkbox"/> No |
| 4. Are work hours assigned by employer? If yes, by whom?  | <input type="checkbox"/> Yes, by _____<br><input type="checkbox"/> No  |
| 5. How are the hours of the applicant determined?   | <input type="checkbox"/> Works prescribed hours<br><input type="checkbox"/> Works own schedule<br><input type="checkbox"/> Other ( <i>list</i> )   |
| 6. What procedure is followed if the employer wants to vary the applicant's work hours?                   |  |
| 7. Does the employer provide written instructions for this applicant?                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No - indicate who does:   |
| 8. If applicable, does applicant hire their own support staff?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| 9. Does the employer supervise the applicant?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| 10. Identify the supervisor's name and position title.  | Name _____<br>Title _____  |
| 11. If applicable, is the supervisor enrolled in PSERS?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| 12. Does the employer prepare a performance evaluation for the applicant?                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |

|     |   |   |
|-----|---|---|
| 13. | Is the applicant's position covered by a currently active contract (used by other district employees) relating to these services? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 14. | Does the employer have board minutes relating to the applicant's assumption of this position? <i>(please provide)</i>             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 15. | Is there a written job description? <i>(please provide)</i>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 16. | Does the applicant provide these same services outside the school district?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 17. | Where does the applicant perform their duties?  | <input type="checkbox"/> Employer premises<br><input type="checkbox"/> Applicant's home/office<br><input type="checkbox"/> Other <i>(list)</i>                        |
| 18. | Is the individual engaged in a distinct occupation or business? <i>(If yes, please indicate)</i>                                  | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No   |
| 19. | What percentage of the applicant's total income is derived as compensation from this employer?                                    | <input type="checkbox"/> 100%<br><input type="checkbox"/> Less than 100% - explain:   |
| 20. | Does the employer furnish supplies and equipment utilized by the applicant in the performance of their duties?                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No - Furnished by:   |
| 21. | How is the applicant paid?  | <input type="checkbox"/> Weekly/Bi-weekly <input type="checkbox"/> Lump Sum<br><input type="checkbox"/> Upon completion of the job <input type="checkbox"/> Fee Basis |
| 22. | What is the basis upon which the applicant's compensation is determined?<br>Other? <i>(describe)</i>                              | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary<br><input type="checkbox"/> Commission <input type="checkbox"/> Per Job                               |
| 23. | What does the applicant submit to employer for verification of time/service rendered?   | <input type="checkbox"/> Time Sheet<br><input type="checkbox"/> Invoice<br><input type="checkbox"/> Other <i>(list)</i>   |
| 24. | Does the employer have W-2s or Form 1099s for this period?  | <input type="checkbox"/> W-2 <input type="checkbox"/> Neither<br><input type="checkbox"/> 1099  |
| 25. | Does the employer have the authority to hire or fire?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 26. | Are the applicant's services being covered by any other retirement plans? If yes, please indicate which plan.                     | <input type="checkbox"/> Yes _____<br><input type="checkbox"/> No   |
| 27. | Who pays for any legal advice the applicant needs relating to the applicant duties?   |   |
| 28. | If applicable, is the applicant's solicitor also the employer's solicitor?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 29. | Is the applicant required to be bonded/covered by liability insurance?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |

***This section to be completed only for Tax Collection Service positions.***

|     |  |  |               |                             |                      |
|-----|--|--|---------------|-----------------------------|----------------------|
| 30. | Indicate what taxes the applicant collects and if they were (E) elected, (A) appointed, or (H) hired by the district to collect the tax indicated. | <input type="checkbox"/>                 | School Tax    | <input type="checkbox"/>    | Real Estate          |
|     |  | <input type="checkbox"/>                 | Per Capita    | <input type="checkbox"/>    | Occ. Privilege       |
|     |  | <input type="checkbox"/>                 | Municipal Tax | <input type="checkbox"/>    | Other                |
|     |  | <input type="checkbox"/>                 | Earned Income | <input type="checkbox"/>    |                      |
| 31. | If both municipal and school taxes are collected, indicate what percentage of time each day is used for each tax.                                  |  | School<br>%   |                             | Municipal/Other<br>% |
| 32. | Was applicant elected to this position?  | <input type="checkbox"/> Yes (see above) |               | <input type="checkbox"/> No |                      |

**C Employer Certification**

I certify that all statements provided on this form are true and accurate to the best of my knowledge. I understand that any falsification of this certification may subject me to contempt of court or to criminal liability as an Unsworn Falsification to Authorities (18 Pa.C.S. Section 4904).

|                                   |       |             |
|-----------------------------------|-------|-------------|
| Employer Representative Signature | Title | Date Signed |
|-----------------------------------|-------|-------------|