

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 _____ _____	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 <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 <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>) ___Pd. Vacation ___Pd. Sick ___Health Ins. ___Life Ins. ___Worker's Comp. ___Unemployment ___Other (<i>list below</i>) <input type="checkbox"/> No
4. Are work hours assigned by employer? If yes, by whom?	<input type="checkbox"/> Yes, by _____ <input type="checkbox"/> No
5. How are the hours of the applicant determined?	<input type="checkbox"/> Works prescribed hours <input type="checkbox"/> Works own schedule <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 <input type="checkbox"/> No - indicate who does:
8. If applicable, does applicant hire their own support staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the employer supervise the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Identify the supervisor's name and position title.	Name Title
11. If applicable, is the supervisor enrolled in PSERS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the employer prepare a performance evaluation for the applicant?	<input type="checkbox"/> Yes <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 <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 <input type="checkbox"/> No
15.	Is there a written job description? <i>(please provide)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does the applicant provide these same services outside the school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Where does the applicant perform their duties?	<input type="checkbox"/> Employer premises <input type="checkbox"/> Applicant's home/office <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 _____ <input type="checkbox"/> No
19.	What percentage of the applicant's total income is derived as compensation from this employer?	<input type="checkbox"/> 100% <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 <input type="checkbox"/> No - Furnished by:
21.	How is the applicant paid?	<input type="checkbox"/> Weekly/Bi-weekly <input type="checkbox"/> Lump Sum <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? Other? <i>(describe)</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <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 <input type="checkbox"/> Invoice <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 <input type="checkbox"/> 1099
25.	Does the employer have the authority to hire or fire?	<input type="checkbox"/> Yes <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 _____ <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 <input type="checkbox"/> No
29.	Is the applicant required to be bonded/covered by liability insurance?	<input type="checkbox"/> Yes <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		
31.	If both municipal and school taxes are collected, indicate what percentage of time each day is used for each tax.		School %		Municipal/Other %
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
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