Michigan Public Schools Employees Retirement System (MPSERS) Questionnaire

In December 1995, House Bill 4047 was passed by the Michigan Legislature. This Act amended the Michigan Public School Employee Retirement System (MPSERS) to exclude university employees from participating in the MPSERS retirement plan if they had not performed MPSERS university membership service before January 1, 1996. This legislation was effective March 28, 1996. However, if an employee hired on or after March 28, 1996 has prior employment and MPSERS membership prior to January 1, 1996 with one of the seven MPSERS universities, he/she may be enrolled in MPSERS. To help us determine your eligibility for MPSERS, please complete this MPSERS questionnaire.

If you have MPSERS university service prior to January 1, 1996, Ferris will review your eligibility to enroll in MPSERS. If you are not able to enroll in MPSERS you may have the opportunity to enroll in the University provided retirement plan, based on your employee classification.

If you have any questions, please call our Benefits team at (231) 591-3874 or email HRBenefits@ferris.edu.

Employee Name (please print):______________________________

1.) Have you ever been a member of the MPSERS system prior to January 1, 1996, while working at any of the following 7 Universities:

- Ferris State University
- Central Michigan University
- Eastern Michigan University
- Lake Superior State University
- Michigan Technological University
- Northern Michigan University
- Western Michigan University

NOTE: For this question, no other MPSERS enrollment is valid (i.e. employment in K-12 schools, community colleges, colleges/universities of higher education other than the ones specified above).

☐ No  ☐ Yes. If yes, please provide the following information:

University(s) above of prior MPSERS employment: ________________________________

Dates of employment: ________________________________

2.) Are you a retiree and receiving pension benefits from any MPSERS system (K-12, other colleges/universities, etc.)?

☐ No  ☐ Yes

______________________________  _________________________
Employee Signature  Date

☐ If yes on either question copy provided to benefits