



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>

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## Tier One/Tier Two Lump-Sum or Total Lump-Sum Benefit Repayment Amount Request

Important: Read instructions before you complete and submit the enclosed form.

### Purpose of Form

This form is for members who elected a lump-sum option or a total lump-sum option on their first retirement and would like to have the option of choosing a non lump-sum benefit option on their subsequent retirement.

Members who elected a lump-sum option or total lump-sum option may not elect any other option at the time of subsequent retirement unless an amount equal to the lump sum and the interest that would have accumulated on the sum has been repaid. (ORS 238.078.).

### General Information

Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.

### Section A: Member Information

Fill in the member information section completely.

- Enter your PERS ID. If you do not know your PERS ID, leave the space provided blank. Your PERS ID can be found on your annual statement(s). If you provide your PERS ID, providing your Social Security number (SSN) is voluntary. If you do not supply a PERS ID, you must supply your Social Security number (SSN).
- Enter your mailing address. If you recently moved and you are:
  - currently employed in a PERS-covered position, you must inform your employer of your new address.
  - no longer employed in a PERS-covered position, complete the Information Change Request form.
- Enter your date of birth.
- Enter your home, work, and cell phone numbers, including the area codes. Include an extension number if you have one.
- If you do not have an email address, or prefer not to be contacted through email, leave that space blank.

### Section B: Repayment Information

- Check the box to request PERS to calculate the amount you will need to repay to reinstate your account, certifying that you had a lump-sum benefit or total lump-sum benefit on your first retirement.
- Choose a date that you wish to make your payment. This is important information for PERS to calculate your repayment amount. If the repayment date changes, you will be subject to the adjusted payment amount, resulting in an invoice or refund.

### Section C: Signature

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



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### Section A: Member Information

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Email (optional)	

### Section B: Repayment Information

I elected a lump-sum option or total lump-sum option at my previous retirement and have since returned to active membership. At my subsequent retirement I would like to elect a different retirement benefit option by repaying the lump-sum amount I received at my former retirement, plus the interest that would have accumulated on that sum.

Please calculate the amount I need to repay to elect a different benefit option at my subsequent retirement.

My anticipated repayment date will be \_\_\_\_\_

### Section C: Signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*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.