



# Election to Change Group Participation (from Group B to Group A for Future Service Only)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ City ID: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Dept. No. \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

I am a member (eligible active employee) of the Houston Municipal Employees Pension System ("HMEPS") not currently participating in the Deferred Retirement Option Plan, and I request to change participation from Group B to Group A for future service only.

**I UNDERSTAND THAT I**, a currently employed member of the Houston Municipal Employees Pension System ("HMEPS") not currently participating in the Deferred Retirement Option Plan, may make a one-time irrevocable election to change my participation from the non-contributory group (Group B) to the contributory group (Group A) for future service, and that I will be required to contribute to HMEPS a percentage of my salary, as provided in Article 6243h, Tex. Rev. Civ. Stats. Ann. ("Pension Statute"), from the time I begin participating in Group A until my employment with the City of Houston ("City") terminates.

**I UNDERSTAND THAT** by signing this election, it is my responsibility to insure that required contributions are deducted from my paychecks, and that if contributions are not made, no credited service will accrue in either Group A or Group B.

**I UNDERSTAND THAT** by signing this election, I am committed to fulfill the obligation hereby created to HMEPS, and I cannot receive a refund of contributions while I am still employed by the City. However, if a refund of contributions is made in connection with the termination of my employment, all amounts refunded will be subject to the tax rules governing payment of pension benefits in effect at the time of the refund, and if I receive a refund of my contributions, I will forfeit all of my Group A credited service. Further, if I later return to work for the City after having received a refund of my contributions, my Group A credited service will not be reinstated, except in accordance with the provisions of the Pension Statute in effect at the time I request reinstatement of the credited service.

Subject to applicable law, contributions paid by payroll deduction on salary that I earn subsequent to this election will be pre-tax contributions.

\_\_\_\_\_: I elect to change participation from Group B to Group A for future service, and to pay required  
(initials) contributions on my future salaries.

**I AGREE TO THE ABOVE TERMS AND CONDITIONS. I UNDERSTAND THAT I CANNOT LATER REVOKE MY ELECTION TO PARTICIPATE IN GROUP A.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, a notary public, on this day personally appeared \_\_\_\_\_, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person who executed the foregoing instrument. GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

(SEAL) Notary Public \_\_\_\_\_