



# Election to Participate in SDRS by Elected Official

South Dakota Retirement System

PO Box 1098 Pierre, South Dakota 57501-1098

Phone (888) 605-SDRS (605) 773-3731 FAX (605) 773-3949

**SDRS Form E-4**

## Elected Official Information (Please Print or Type All Items)

Member's Social Security Number		Last Name		First	Middle Initial	Maiden
Telephone ( )		Street Address or PO Box		City	State	Zip Code
Date of Birth	Birthplace		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Employer			Elected Office			

## Elected Official's Certification

- I certify that I have elected to participate in the South Dakota Retirement System and have authorized payroll deductions to be made from my earnings. I understand that this election may not be revoked until the completion of my current term.
- I elect not to participate in SDRS.

## Elected Official's Signature

Signature	Date
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## Directions and Conditions

1. If SDRS Form E-1, Application for SDRS Enrollment, has not been previously mailed, it should be transmitted with this form.
2. The governing body of any participating county, municipality, or other political sub-division is excluded from membership in SDRS.
3. Credited service for elected officials is limited to service for which contributions were made.
4. A person appointed to a vacant elected position is considered to be an elected official and must also file this form if he or she elects to participate.
5. After the elected official has completed this form, the Authorized Agent should immediately notify the payroll unit to make the proper payroll deductions from the next payroll earnings.
6. Full-time elected officials have the option to participate if their positions normally require the performance of duty for 20 or more hours a week and at least six months a year.