Signature Report

FCD Resolution

Proposed No. FCD2020-14.1   **Sponsors**

1   A RESOLUTION of the Board of Supervisors of the King

2   County Flood Control Zone District authorizing and

3   approving participation in the Washington Public

4   Employees' Retirement System (PERS).

5   WHEREAS, the Board of Supervisors of the King County Flood Control Zone

6   District desires for its qualified employees to participate in the Washington Public

7   Employees Retirement System (PERS);

8   NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF

9   SUPERVISORS OF THE KING COUNTY FLOOD CONTROL ZONE DISTRICT:

10   <u>SECTION 1.</u> **Authorization.** The Board authorizes and approves the

11   participation and membership of its eligible employees in the Washington Public

12   Employees' Retirement System pursuant to RCW 41.40.062, and authorizes the

13   expenditure of the necessary funds to cover its proportionate share for such participation

14   in the System. Consistent with this authorization, the Board authorizes the Chair to

15   complete and execute the form attached hereto as Attachment A.

16

FCD Resolution was introduced on and passed by the King County Flood Control
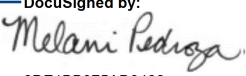District on 6/24/2020, by the following vote:

> Yes: 8 - Ms. Balducci, Mr. Dembowski, Mr. Dunn, Ms. Kohl-Welles,
> Ms. Lambert, Mr. McDermott, Mr. Upthegrove and Mr. Zahilay
> Excused: 1 - Mr. von Reichbauer

KING COUNTY FLOOD CONTROL ZONE
DISTRICT
KING COUNTY, WASHINGTON

DocuSigned by:

Dave Upthegrove
E76CE01F07B14EF...

Dave Upthegrove, Chair

ATTEST:

DocuSigned by:

Melani Pedroza
8DE1BB375AD3422...

Melani Pedroza, Clerk of the Board

Attachments: A. Resolution Authorizing Participation in PERS Resolution No. _____

Resolution Authorizing Participation in PERS

Resolution No. _____

New employers use this form to join the Public Employees' Retirement System (PERS).

DRS
WASHINGTON STATE
Department of Retirement Systems

Send completed form to:
Employer Support Services
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380
email: *employersupport@drs.wa.gov*
website: *www.drs.wa.gov/employer/*
360.664.7200 • 800.547.6657 • TTY: 711

Important Information

Fill out this resolution for authorizing and approving your participation in the Washington State Public Employees' Retirement System (PERS). It must be fully excuted and signed before you submit it to DRS.

Authorization

_____, a political subdivision of the state of Washington, authorizes and approves the following:

1. Its eligible employees shall participate in PERS as allowed by RCW 41.40.06

2. The necessary funds shall be made available to cover its proportionate share for participation in PERS

3. PERS membership shall begin on _____
                                          (mm/dd/yyyy)

Tax Status (select one)

☐ Will submit tax-deferred member contributions
☐ Will not submit tax-deferred member contributions

Purchase of Previous Service (select one)

☐ **Not applicable**
Check this box if your agency is newly created **and** the effective date of PERS participation is equal to the date of hire of the first employee(s).

☐ **Option A**
Employer pays all previous service costs (both member and employer contributions). Payment must be completed within 15 years from entry into PERS.

☐ **Option B**
Employer and member share previous service cost. Payment must be completed within five years from entry into PERS. Choose one of these variations:
      ☐ **B1** Member pays member contributions. Employer pays employer contributions.
      ☐ **B2** Member pays _____% of previous service cost.

☐ **Option C**
Member pays all previous service costs (both member and employer contributions). Payment must be completed within five years from entry into PERS.

Complete and sign the authorizing and approving participation signature section on the back of this form.
Please return the completed and signed form to employersupport@drs.wa.gov.
Or you can return the completed and signed form through the mail to the address above.

||| D R S E 4 9 4 |||

Authorizing Signatures

Resolution Number	Passed this _____ day of _____, 20_____.

Authorizing signatures and titles

_____ Title: _____

_____ Title: _____

_____ Title: _____

_____ Title: _____

_____ Title: _____

_____ Title: _____

_____ Title: _____

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