



# New PERS Employer Questionnaire

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

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

## Important Information

Fill out this questionnaire and submit it along with supporting legal documentation regarding the formation of your agency. This is the first step to join PERS and must be completed before you have the governing board pass the Resolution Authorizing Participation in PERS (enclosed in this packet).

## Employer Information

Legal Name <b>King County Regional Homelessness Authority</b>	Doing Business As (DBA)			
Does your agency currently participate in a DRS-administered retirement plan or the Washington State Deferred Compensation Plan (DCP)? <input checked="" type="checkbox"/> No (Skip the next question and complete the rest of the form.) <input type="checkbox"/> Yes (Answer the next question.)				
Has your agency migrated to the new Employer Reporting Application (ERA)? <input type="checkbox"/> Yes (Stop here. We should have your agency's information.) <input checked="" type="checkbox"/> No (Complete the rest of the form.)				
Date Organization Created <b>9/8/2020</b>	Email or attach formation documents with this Questionnaire. Examples of formation documents are city or county ordinance, election results, inter-local agreement, etc.			
Mailing Address <b>400 Yesler Way, Ste #600</b>	City <b>Seattle</b>	County <b>King</b>	State <b>WA</b>	ZIP <b>98104-268</b>

## Main Contact (person responsible for managing access for other ERA users at your agency)

Name <b>Horace Francis</b>	Title <b>Accountant</b>
Phone <b>206-282-3720</b>	Email <b>horace@francis-company.com</b>
When did or when will your organization hire its first employee? <b>4/26/2021</b>	Federal Employer Identification Number (FEIN) <b>37-1977237</b>
Describe your payroll cycle. Example: If your agency's payroll cycle is semi-monthly, the payroll is paid on the 10th of the month for the 16th-31st of the prior month, and the 25th of the month for the 1st-15th of the same month. <b>Biweekly, every other Thursday, 13 days after pay period ends (2nd Friday before payday)</b>	
What software do you use for human resources and payroll functions? Examples of software are PeopleSoft, BIAS, etc. <b>ADP payroll services</b>	
Which version of the software do you use? For example: version 2.0, version 5.4, etc.	

**Please return the completed Questionnaire to [drs.employersupport@drs.wa.gov](mailto:drs.employersupport@drs.wa.gov). Or you can return the completed Questionnaire through the mail to the address above.**





# Resolution Authorizing Participation in PERS

Resolution No. 5

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

email: [drs.employersupport@drs.wa.gov](mailto:drs.employersupport@drs.wa.gov)  
website: [www.drs.wa.gov/employer/](http://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

King County Regional Homelessness Authority \_\_\_\_\_, 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 4/26/2021  
(mm/dd/yyyy)

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

- 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 [drs.employersupport@drs.wa.gov](mailto:drs.employersupport@drs.wa.gov).**  
**Or you can return the completed and signed form through the mail to the address above.**



# Authorizing Signatures

Resolution Number

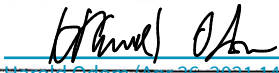
5

Passed this 14th day of April, 2021.

Authorizing signatures and titles



Title: Co-Chair



Title: Co-Chair

Harold Odum (Apr 26, 2021 14:07 PDT)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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