

New Hope-Solebury School District

**180 West Bridge St.
New Hope, PA 18938**

Request to Waive Membership in PSERS

New Hire Part-Time Employee (salaried, hourly or per diem) and AESOP Substitute

I, _____ have an IRA account and will
(Print Name)

submit proof of this to the New Hope-Solebury School District within 30 days of starting employment.

I request to waive my membership in the Pennsylvania Public School Employee Retirement System*.

I understand when I waive membership in PSERS, all future rights to benefits for the current year are waived.

Signed: _____

Date: _____

* PSERS will send directly to employee a waiver pocket containing detailed information about the waiver process and a PSERS Membership Waiver (PSRS-51) form. Submission of the completed waiver is binding for the entire school year in which membership is being waived unless the employee becomes a full-time school employee.

Questions about waivers, employee may contact the PSERS at:

Harrisburg: 888-773-7748

Warminster 215-443-3495