



46 State House Station
 Augusta, ME 04333-0046
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NON-CONSOLIDATED PARTICIPATING LOCAL DISTRICT (PLD) MONTHLY PAYROLL SUMMARY REPORT

**ATTACH MONTHLY PAYROLL DETAIL REPORT TO THIS REPORT.
 PAYROLL REPORTS AND REMITTANCES MUST BE SUBMITTED NO LATER THAN
 THE FIFTEENTH (15TH) DAY FOLLOWING THE END OF THE MONTH.**

- (1) Employer Code _____ Date Form Completed _____
- (2) Employer Name _____ Telephone No. _____
- (3) Paid Dates Ending _____ Person Preparing Report _____

- (4) Number of Payroll Payments in Contract Year _____ Number of Days Worked in Contract Year _____
 (Teachers Only)

RETIREMENT FINANCIAL DATA

- (5) Earnable Compensation - Total Covered Employees _____
- (6) Participating District Employer Contributions
 ____% x Earnable Compensation (Item 5) \$ _____
 (If Applicable)
- (6A) Participating District Employer Contribution Amount \$ _____
 (If Applicable)
- (7) Earnable Compensation (All Fed. Funded Teachers) _____ NA _____
- (8) Teacher Employer Contributions: (Fed. Funded)
 ____% x Earnable Compensation (Item 7) _____ NA _____
- (9) Employee Retirement Contributions \$ _____
- (10) Total of Retirement Contributions \$ _____
 (Add Items 6, 6A and 9)

GROUP LIFE INSURANCE PREMIUM DATA

- (11) Basic Premiums - Active \$ _____
- (12) Basic Premiums - Retirees \$ _____
- (13) Supplemental Premiums \$ _____
- (14) Dependent Premiums \$ _____
- (15) Premium Total \$ _____
 (Add Items 11 through 14)
- (16) ADJUSTMENTS (Enter Detail Explanation Below:) \$ _____
- (17) TOTAL REMITTANCE (Add Items 10, 15, 16) \$ _____

PLEASE RETAIN A COPY FOR YOUR RECORDS.