



MAINE PUBLIC EMPLOYEE RETIREMENT SYSTEM  
46 State House Station  
Augusta, ME 04333-0046

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# MONTHLY PAYROLL SUMMARY REPORT FOR TEACHER PLAN

**Reports and contributions must be submitted no later than the 15th day following the end of the month to be reported.**

1. **EmployER Code** \_\_\_\_\_ **Date Form Completed** \_\_\_\_\_
2. **EmployER Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_
3. **Pay Dates** \_\_\_\_\_ **Person Preparing Report** \_\_\_\_\_

### RETIREMENT FINANCIAL DATA

4. **Earnable Compensation - Total For All Covered EmployEES** \$ \_\_\_\_\_
5. **Grant Funded Compensation Only** \$ \_\_\_\_\_
6. **EmployER Contributions on Grant Funded Compensation**  
\_\_\_\_\_ % X Grant Funded Compensation (item 5) \$ \_\_\_\_\_
7. **Total EmployEE Retirement Contributions (Do not include Purchase Agreements)** \$ \_\_\_\_\_
8. **Total of EmployER and EmployEE Contributions**  
(ADD ITEMS 6 & 7) \$ \_\_\_\_\_

### GROUP LIFE INSURANCE FINANCIAL DATA

9. **Basic Premiums - Active** \$ \_\_\_\_\_
10. **Supplemental Premiums** \$ \_\_\_\_\_
11. **Dependent Premiums** \$ \_\_\_\_\_
12. **Insurance Premiums Total**  
(ADD ITEMS 9 THRU 11) TOTAL \$ \_\_\_\_\_

### ADJUSTMENTS (Enter Detail Explanation Below:)

13. **Debit (DM) or Credit (CM) #** # \_\_\_\_\_ # \_\_\_\_\_ TOTAL AMOUNT: \$ \_\_\_\_\_  
*(Please attach a copy of each DM or CM)*
14. **Adjustments to Prior Period Grant Funded Compensation:** TOTAL AMOUNT: \$ \_\_\_\_\_
15. **Adjustments to Prior Period Grant Funded EmployER Contributions:** TOTAL AMOUNT: \$ \_\_\_\_\_  
*(Use the same % rate as indicated on line #6 above)*
16. **Total of Purchase Agreements (Authorized by MainePERS)** TOTAL AMOUNT: \$ \_\_\_\_\_  
*(Additional members may be added as an attachment - indicate 'see attachment')*
17. **Adjustments - Other (Miscellaneous)** TOTAL AMOUNT: \$ \_\_\_\_\_  
*(Attach a detailed explanation)*

**TOTAL REMITTANCE**  
(ADD ITEMS 8, 12, 13, 15, 16 & 17) \$ \_\_\_\_\_

*My signature certifies that I am the person responsible for the content of this report, that I have reviewed the Summary and Detail Reports, and that they are complete and accurate.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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