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EMPLOYER PRELIMINARY BENEFIT CERTIFICATION FORM

The Maine Public Employees Retirement System (MainePERS) is processing a service retirement benefit for one of your former employees. Because we do not currently have all of the information required to finalize his/her benefit amount, we would like to begin paying him/her on a preliminary basis. In order to do so, we must be provided with information from you, as outlined below.

Please note that this form cannot be completed until after your former employee's termination date. It should be returned to MainePERS as soon after that date as possible. You need only complete those sections that are marked with a (), below:

CERTIFICATION OF TERMINATION

I certify that _____ terminated
 Name of Former Employee Employee's Social Security Number
 employment as a _____ on _____
 Position of Former Employee Date of Former Employee's Termination

CERTIFICATION OF FINAL-YEAR EARNINGS AND SERVICE

Please provide information about your former employee's earnings and the number of days or hours s/he worked during the time period indicated:

I certify that, between _____ and the above-certified termination date, this employee:

Earned \$ _____ Worked _____ days Worked _____ hours

CERTIFICATION OF CONTINUOUS SERVICE

Please check one box below to indicate whether or not your former employee took any unpaid leaves of absence during the time period indicated. If s/he did take an unpaid leave, provide the dates of the leave and type of leave.

I certify that, between _____ and the above-certified termination date, this employee:

had no unpaid leaves of absence OR had the following unpaid leave(s) of absence:

TYPE OF LEAVE	FROM (Date)	TO (Date)

CERTIFICATION OF SICK LEAVE ACCRUAL AT TERMINATION

I certify that, at termination, this employee had accrued _____ days or _____ hours of sick leave for which no payment has been or will be made.

CERTIFYING SIGNATURE

 Signature of Certifying Official Title Phone E-mail

 Name (printed or typed) of Certifying Official Date