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**INFORMATION REGARDING
 RESTORATION TO SERVICE (ELECTION FORM)**

FOR PARTICIPATING LOCAL DISTRICTS
 WITH SOCIAL SECURITY

As a retiree from a participating local district (PLD), you must complete and sign this form, choosing between the two options below, if:

You have reached your normal retirement age **and**

- you return to work for a PLD that is considered the "same employer" in a position covered by Social Security under a federal Section 218 agreement.

"Same employer" means returning to MainePERS-covered employment for

- The employer you retired from **or**
- Any PLD that participates in the Consolidated Plan, unless you are a retiree from a PLD that is not in the Consolidated Plan.

Contact MainePERS' Retirement Services if you have questions about what "same employer" means for your specific situation.

Please note this deadline: You have **60 days** from the time you return to work for the same employer to make the election described below. If written notification of your election is not received by MainePERS within 60 days, you are deemed to have elected Choice #1 below. The election, regardless of whether made by your written notification or by default, is **irrevocable** during the period of your restoration to service.

Because I currently receive a service retirement benefit and am being restored to service with a PLD in a position covered by Social Security under a federal Section 218 agreement, I am making the following election as required by law:

Choice #1

I elect to have my service retirement benefit continued during the period that I return to work. I understand that I will not accumulate any additional service credits and will contribute only to Social Security.

Choice #2

I elect to have my service retirement benefit terminated and again become a contributing member of MainePERS at the current employee contribution rate. I understand that I will accumulate additional service credits during the period that I am restored to service.

(Under Choice #2, we will recalculate your retirement benefit based on all creditable service and earnable compensation, including what you earned while restored to service, using the laws in effect at the time of your latest retirement.)

Name (please print): _____ Social Security Number:

Employer with which you have returned to work: _____

Signature: _____ Date: _____

**Please return the original to the MainePERS Retirement Services Unit
 and retain a copy for your records.**