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2011
ANNUAL STATEMENT
OF COMPENSATION

1. Are you required to file a Federal Income Tax Return for 2011? No Yes

2. Did you have income in addition to your MainePERS benefits during 2011?

No Yes, I also earned the following amounts: \$ _____ Social Security Disability
 \$ _____ Workers' Compensation
 \$ _____ Self-Employment
 \$ _____ Other Sources of Income
 \$ _____ Wages from Employment with:
 Employer's Name(s): _____

The 2011 ASC and supporting documentation is due on or before **April 30, 2012**, unless you furnish MainePERS with a copy of your Federal extension, pursuant to the ASC booklet. The MainePERS extension has the same duration as the Federal extension. Please ensure all supporting documentation, as outlined in the ASC booklet, is attached.

I hereby designate MainePERS as my authorized agent for obtaining any return, report, or other information pursuant to 36 MRSA 191(2)(A). This authority includes but is not limited to the right to obtain information regarding income tax and earnings, employment, income of any nature, and worker's compensation and social security income. This information is required in order for MainePERS to determine and verify annual earnings.

I understand that MainePERS will verify my income and I agree to furnish additional information upon request. I further understand that if requested information is not promptly furnished, my benefits may be interrupted or permanently terminated. Please see the ASC booklet for further information.

Please be advised that if you exceed your Earnings Limitation you will be required to reimburse MainePERS and if you meet or exceed your SGA Amount, your benefits will be terminated. For information concerning these important limitations please call MainePERS.

I have read and understand the information provided in the Annual Statement of Compensation Package, including the ASC booklet. **I understand that failure to report all income timely, truthfully and to provide verification as requested by MainePERS may result in temporary or permanent loss of my MainePERS disability benefit.**

Printed Name: _____ **Social Security No.:** _____
 Disability Recipient or Power of Attorney*

Signature: _____ **Date:** _____

Telephone No.: _____ **E-mail:** _____

* Unless already on file with MainePERS, the signature of anyone other than the benefit recipient must be accompanied by a documentation of the authority making the signature valid (e.g. power of attorney).