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EMPLOYER PRELIMINARY BENEFIT CERTIFICATION FORM

The Maine Public Employees Retirement System (MainePERS) is processing a retirement benefit for one of your former employees. Because we do not currently have all of the information required to finalize their benefit amount, we would like to begin paying them on a preliminary basis. To do so, we need the following information.

Complete the form as soon as possible after your former employee's termination date. Thank you.

Employee Information

Employee Name: Prefix First MI Last Suffix

Social Security Number: Date of Birth:

Employee Termination Date: Last Day of Pay:
 Pay Status:

(Last date member worked or used their own sick or vacation time. Does not include sick bank time.)

Employer Location Code: Employer Location Name:

Certification of Workers' Compensation Benefits and/or Sick Bank/Donated Time

I certify that, at termination, the above named employee: does not receive Workers' Compensation benefits. does not receive Workers' Compensation benefits.
 has not received Sick Leave Bank/Donated Time. has not received Sick Leave Bank/Donated Time.

Certification Regarding Bona Fide Termination

TO BE COMPLETED ONLY FOR EMPLOYEES WHO ARE UNDER AGE 59 1/2 OR UNDER NORMAL RETIREMENT AGE AT RETIREMENT

If your employee retires before 59 1/2 and returns to work for you after retirement without a bona fide termination, that retiree is subject to an IRS 10% early distribution tax on their retirement benefits until they reach age 59 1/2.

If your employee retires before normal retirement age, there must be a bona fide termination, at least 30 days between the date they terminate employment and the date they return to work after retirement; and there is a 90 day limit per calendar year that your employee can work. Non-compliance will result in a suspension of benefits.

A bona fide termination means there can be no explicit understanding or agreement that the employee will return to work for you after retirement.

I certify that DID DID NOT have an explicit understanding

or agreement with the above-named employee, as of their termination of employment, for future employment.

Certifying Signature

The above information is true and correct to the best of my knowledge.

Signature of Employer's Certifying Official: Date:

Print or Type Name and Title of Certifying Official: