

**ANNUAL STATEMENT OF
COMPENSATION (ASC)
WAIVER REQUEST FORM**

MEMBER INFORMATION *(Please Print)*

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|--|--------|
| Name (Last, First, Middle Initial): | Phone: |
| Mailing Address (Street, Route, PO Box, etc.): | Email: |
| City, State, ZIP Code: | |

By requesting a temporary waiver of the requirement to file of my Annual Statement of Compensation (ASC), I make the following acknowledgements:

- Any revisions to my Social Security benefit (other than annual Cost of Living Adjustments) may affect my MainePERS Disability Retirement benefit and must be reported even if I am not required to file an ASC.
- If I return to employment, I must promptly notify MainePERS. Return to employment may result in the revocation of a previously granted ASC waiver. All changes in earnings must be reported to MainePERS regardless of whether I am required to file an ASC.
- A failure to report a change in my income to MainePERS may result in the overpayment of MainePERS Disability benefits. I will be responsible to reimburse MainePERS for any overpaid benefits. If reimbursement does not occur in the year in which the overpayment is discovered, interest will accrue on any unpaid balance. If a failure to report income is discovered, I may be required to file one or more ASCs previously waived.
- MainePERS may schedule a review of continued eligibility during a period when my ASC filing has been waived if earnings or other information about my activities received by MainePERS show that I may have the capacity to engage in substantial gainful activity and at least one year has passed since any previous review.
- MainePERS may approve or deny this request. I am responsible for following all ASC filing requirements until MainePERS informs me that the requirement has been waived.
- If granted, MainePERS will inform me of when I am next required to file an ASC.

Signature

Date