

P.O. Box 349 Augusta, ME 04332-0349 Telephone: (207) 512-3100 Toll-free: 1-800-451-9800 Fax: (207 512-3101

Maine Relay: 711

PAYMENT OR AWARD AT RETIREMENT CERTIFICATION FORM

To the Employer: Please complete this form, attach the documentation requested, and return it to the address listed at the end of the form.

| Employer  | has offered a payment or award in connection with |
|---|---|
| (Entity Name)   |   |
| retirement as follows:  |   |
| A. DESCRIPTION  |   |
| Please include:   |   |
| <ol> <li>Description of the payment or award,</li> <li>Circumstances of the offer, and</li> <li>The date the offer was made.</li> </ol> |   |
|   |   |
|   |   |
|   |   |
|   |   |
| B. RECIPIENT(S)   |   |
| (You may attach additional sheets if you need more room.)   |   |
| Retiree Name:   |   |
| Social Security Number:   | ]   |
| Date of Birth:  |   |
| Effective Date of Retirement:   |   |
| Retiree Name:   |   |
| Social Security Number:   |   |
| Date of Birth:  |   |
|   |   |

## C. CRITERIA

When <u>all</u> the following criteria are met, the employer has offered a retirement incentive. The payment or award:

- 1. is intended to induce the member's early retirement,
- 2. is a one-time, time-limited, or occasional offer outside the employer's regular benefit program,
- 3. is not part of a longevity-based employee retention program, and
- 4. is not made pursuant to a collective bargaining agreement for the initial term of that agreement if that agreement is executed or ratified in its final form by final vote of at least one of the parties to the agreement prior to July 1, 1993.

The employer has the burden to show that any of these criteria is <u>NOT</u> met in order for the Early Retirement Incentives Review Panel to determine that this payment or award is not a retirement incentive.

| D. DOCUMENTATION                |   |
|---------------------------------|---|
| attachments; use additional sh  | ng documents to demonstrate that the criteria above are <u>NOT</u> met (please list and provide eets if you need more room). If an agreement is submitted, please include the first page of ng the payment, and the signature page. |
|                                 |   |
|                                 |   |
| E. DECLARATION AND SIGN         | NATURE  |
| The employer concludes that the | nis payment or award (check one):   |
| is a retirement incentive.      |   |
|                                 | ntive. THE EMPLOYER CERTIFIES THAT THIS PAYMENT OR AWARD DOES <u>NOT</u> MEET<br>IED IN SECTION C ABOVE AND IS <u>NOT</u> AN ACTION OR PRACTICE CAUSING OR<br>RETIREMENT.   |
| (Date)                          | (Signature of Officer Empowered to Sign for Employer)   |
|                                 | (Employer)  |
|                                 | (Title of Officer Empowered to Sign for Employer)   |

PLEASE RETURN THIS COMPLETED, SIGNED FORM PLUS DOCUMENTATION TO:

ATTENTION: LYNN HANCOCK

MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM
P.O. BOX 349
Augusta, ME 04332-0349