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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:

1. Description of the payment or award,
2. Circumstances of the offer, and
3. The date the offer was made.

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 all 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 NOT met in order for the Early Retirement Incentives Review Panel to determine that this payment or award is not a retirement incentive.

(continued on reverse)

D. DOCUMENTATION

The employer offers the following documents to demonstrate that the criteria above are NOT met (please list and provide attachments; use additional sheets if you need more room). If an agreement is submitted, please include the first page of the agreement, the page outlining the payment, and the signature page.

E. DECLARATION AND SIGNATURE

The employer concludes that this payment or award (check one):

- is a retirement incentive.
- is NOT a retirement incentive. THE EMPLOYER CERTIFIES THAT THIS PAYMENT OR AWARD DOES NOT MEET THE CRITERIA OUTLINED IN SECTION C ABOVE AND IS NOT AN ACTION OR PRACTICE CAUSING OR ENCOURAGING EARLY 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
46 STATE HOUSE STATION
AUGUSTA ME 04333-0046**