

System Requirements

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)
MONTHLY WORKING RETIREE CERTIFICATION**

All PERS retirees employed in a PERS-covered position **must** report the hours worked and the gross wages earned to the Montana Public Employee Retirement Administration (Montana PERA) **each month**. **A RETIREE MUST HAVE RECEIVED AT LEAST ONE BENEFIT CHECK AND BE RETIRED FOR AT LEAST 30 DAYS BEFORE ACCEPTING A PERS-COVERED POSITION. IF THESE TWO CONDITIONS ARE NOT MET, THE RETIREE WILL BE REIN-STATED TO ACTIVE MEMBERSHIP.**

A retiree may work any number of hours in a PERS-covered position **during any calendar year**, but the retiree's retirement benefit will be **reduced** \$1 for each \$1 earned from employment when the following limits are exceeded:

1. Under age 65, the retiree can work up to 960 hours without a reduction in their retirement benefit.
2. A retiree age 65 to 70 ½ is subject to **either** the 960-hour limit **or** an earning limit, whichever is higher. The earning limit is equal to the member's final average salary adjusted for inflation. If the retiree's retirement benefit plus earnings exceed the earning limit, their retirement benefit will be reduced. We will apply whichever limit allows for the greater earnings.
3. The above limits do not apply to a retiree over 70 ½. These retirees are **not** required to report their hours and earnings.

NOTE: *In addition to the above limits, a retiree who retired with the incentives provided for in the Employee Protection Act or the Retirement Incentive Program is limited to 959 hours, regardless of age, if they return to work for the same jurisdiction in a position covered by the PERS or 599 hours in a position covered under any other retirement system. When these hour limits are exceeded the member will forfeit the retirement incentive.*

You, as the employer, must file this report **monthly** for each working retiree. Report all paid hours including regular hours and rate of pay, overtime hours and rate of pay, and total gross wages for the month. Complete the reverse side of this form. The hours reflected on the calendar must total the hours reported below.

THE RETIREE MUST VERIFY ALL INFORMATION, SIGN AND DATE THIS FORM.

THE RETIREE'S SIGNATURE ON THIS REPORT MEETS THEIR REPORTING REQUIREMENT

Report all hours for pay in the appropriate category below. All time for which compensation is received must be reported.

NAME _____ SSN _____

HOURS WORKED AND WAGES EARNED **DURING** THE MONTH OF _____ 20__

ANTICIPATED TERMINATION DATE _____

	HOURS	RATE OF PAY	TOTAL WAGES
REGULAR HOURS			
OVERTIME HOURS			
VACATION			
SICK LEAVE			
HOLIDAY PAID			
HOLIDAY WORKED			
COMP TIME			
SHIFT DIFFERENTIAL			
TOTALS			

AGENCY (required) _____ TELEPHONE _____

CLERK (required) _____ DATE _____

RETIREE SIGNATURE (required) _____ DATE _____

RETURN THIS FORM TO: Montana PERA · PO Box 200131 · Helena MT 59620-0131

**Figure 10 - Page 1
Monthly Working Retiree Certification**

Month of _____, 20____						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/

<p style="text-align: right; margin: 0;">Total Hours</p> <p>RH=Regular Hours _____</p> <p>OTH=Overtime Hours _____</p> <p>VAC=Vacation _____</p> <p>SL=Sick Leave _____</p>	<p style="text-align: right; margin: 0;">Total Hours</p> <p>HP=Holiday Paid _____</p> <p>HW=Holiday Worked _____</p> <p>CT=Comp Time _____</p> <p>SD=Shift Differential _____</p>
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REPORTING INSTRUCTIONS

1. Fill in month and year.
2. Fill in the days of that month in the upper right hand corner.
3. Write the hours worked on a daily basis. Label the type of hours (i.e. Jan. 3, 2000...6 RH 2 SL...this means the retiree worked 6 regular hours on the 3rd of January and has 2 hours of sick leave.)
4. At the end of each month, total regular hours, overtime hours, vacation hours, sick leave, holiday pay, etc. in the space provided.
5. Record all information from number 4 in the space provided **on the front of this form**. Fill in the rate of pay for each, and calculate the total amounts in the wages column. Total all the wages.
6. Before returning this form to the Montana PERA, complete the employer information and sign and date it in the space provided. **The retiree must verify all information on this form and then sign and date it in the space provided.**

**Figure 10 - Page 2
Monthly Working Retiree Certification**