

LAST NAME

## CERTIFICATION OF COMPLIANCE FOR POST-RETIREMENT EMPLOYMENT GENERAL MEMBER RETIREES

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**SECTION 1: RETIREE INFORMATION** 

For MCERA retirees who want to provide services as an employee or through a contract

MIDDLE INITIAL | SSN (LAST 4 DIGITS)

## NOTICE

MCERA retirees cannot serve, be employed by, or be employed through a contract directly by any MCERA employer without reinstatement from retirement, except as permitted by state law and Board of Retirement regulations. The responses to questions in Section 2, below, will determine if the retiree is eligible to continue receiving their MCERA benefit while providing services as an employee or contractor.

This form does not apply to retirees who wish to "unretire" and be reinstated as an active member.

This certification should be completed and filed prior to the first date of post-retirement employment. Contact MCERA if there are any questions.

FIRST NAME

				XXX-XX-		
DATE OF RETIREMENT  EXPECTED DATE OF REEMPLOYMENT		EXPECTED BREAK IN SERVICE	number of calend Date of Retireme	The <b>Expected Break in Service</b> is the number of calendar days between the Date of Retirement and the Expected Date of Reemployment.		
SECTION 2: EMPLOYMENT HISTORY						
1.	<ul> <li>Did you or will you receive any unemployment insurance compensation within the 12 months prior to the expected date of reemployment?</li> <li>Yes (STOP – you are not eligible for this kind of reemployment at this time; notify hiring department)</li> <li>No (continue to question 2)</li> </ul>					
2.	Is your expected break in service at least 180 days?					
	☐ Yes (go directly to <b>Section 3</b> ) ☐ No (continue to question 3)					
3.	If you answered 'No' to question 2, did you receive any retirement incentive ("golden handshake") upon retirement?					
	<ul> <li>☐ Yes (STOP – you are <u>not eligible</u> for this kind of reemployment at this time; notify hiring department)</li> <li>☐ No (continue to question 4)</li> </ul>					
4.	Were you 59 years of age or older on your Date of Retirement?  ☐ Yes (go directly to Section 3) ☐ No (continue to question 5)					
5.	If you answered 'No' to question 4, is your Expected Break in Service at least 90 days?					
	☐ Yes (go directly to <b>Section 3</b> )☐ No (go directly to <b>Section 3</b> )					

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LAST NAME (PLEASE PRINT)	

## MCERA CERTIFICATION OF COMPLIANCE FOR POST-RETIREMENT EMPLOYMENT - GENERAL

## **SECTION 3: TERMS OF POST-RETIREMENT SERVICE** (to be signed by retiree)

- Limit of 960 hours of employment per fiscal year. Post-retirement employment shall not exceed a total of 960 hours each fiscal year for all service to any MCERA employers.
- Limits on hourly rate of pay. The rate of pay for the employment shall not be less than the minimum hourly rate nor greater than the maximum hourly rate as set forth on a published pay schedule for other employees performing comparable duties.
- No service credit or other retirement benefits. The employee will not acquire any service credit or retirement benefits under such reemployment without reinstatement to active service and suspension of retirement benefits.

I certify that my answers to the questions in Section 2 are true and correct to the best of my knowledge. I also understand that my reemployment must comply with the Terms of Post-Retirement Service.

After you have signed below, return this form to your prospective employer.

After you have signed below, return this form to your prospective employer.					
RETIREE SIGNATURE	DATE				
SECTION 4: DETERMINATION OF ELIGIBILITY (to be completed and signed by employer)					
NAME OF MCERA EMPLOYER					
<ul> <li>Did the retiree answer 'Yes' to question 2 in Section 2?</li> <li>☐ Yes (retiree is eligible for reemployment; check 'Yes' on Determination of Eligibility below)</li> <li>☐ No (continue to question 2)</li> </ul>					
<ul> <li>2. Did the retiree answer 'Yes' to either question 1 or 3 in Section 2?</li> <li>□ Yes (retiree is not eligible for this kind of reemployment at this time; check 'No' on Determination of Eligibility below)</li> <li>□ No (continue to question 3)</li> </ul>					
3. Did the retiree answer 'Yes' to either question 4 or 5 in Section 2? If not, continue to question 4. If so: Is the employment appointment necessary to fill a critically needed position before the 180-day break, and has the appointment been approved by the governing body of the employer in a public meeting (not on a consent agenda)? Yes (retiree is eligible for reemployment; check 'Yes' on Determination of Eligibility below) No (retiree is not eligible for this kind of reemployment at this time; check 'No' on Determination of Eligibility below)					
<ul> <li>4. Did the retiree answer 'No' to question 5 in Section 2?</li> <li>☐ Yes (retiree is eligible for reemployment; check 'Yes' on Determination of Eligibility below)</li> <li>☐ No (retiree is not eligible for this kind of reemployment at this time; check 'No' on Determination of Eligibility below)</li> </ul>					
Determination of Eligibility: Based on the information provided, the retiree is eligible for post-retirement employment on or after the Expected Date of Reemployment indicated in Section 1 of this form, while continuing to receive their retirement allowance.  Yes, the retiree is eligible for reemployment while receiving a retirement allowance  No, the retiree is not eligible for this kind or reemployment at this time					
I further understand that reemployment must comply with the Terms of Post-Retirement Service listed in Section 3.					
EMPLOYER REPRESENTATIVE SIGNATURE	DATE				
EMPLOYER REPRESENTATIVE NAME AND TITLE (PLEASE PRINT)	PHONE				

EMPLOYER: Send a copy of completed form to MCERA and save original for your records.

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