



MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

www.michigan.gov/psru

Toll Free: 800-381-5111

Local: 517-284-4400

Fax: 517-284-4416

Retiree Employment Certification

For Michigan Charter Schools and Public School Academies

Complete this form if you are a Michigan charter school or public school academy (PSA) —even if your school is not currently reporting to the Michigan Office of Retirement Services—and all of the following are true:

- You are hiring or terminating a Michigan public school retiree through a third party or as an independent contractor.
- The retiree's retirement effective date was on or after July 1, 2010.
- The retiree will be or was performing a **core service**. For more information about core services, see the back of this form or go to **www.michigan.gov/CoreServices**.

If hiring: complete Sections 1 and 2, and have the retiree complete and sign the form before you submit it to ORS.

If terminating: complete Sections 1 and 3. The retiree's signature is not needed.

Section 1: To be completed and signed by the reporting unit.

RETIREE NAME	LAST 4 DIGITS OF SSN	POSITION/SERVICE
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I certify this person will perform the service listed above with our reporting unit starting ___/___/20__.

SCHOOL NAME	REPORTING UNIT NUMBER	TELEPHONE NUMBER
PAYROLL OFFICIAL'S NAME (PRINT)	PAYROLL OFFICIAL'S TITLE	
PAYROLL OFFICIAL'S SIGNATURE		DATE

Section 2: Core Service - To be completed and signed by the retiree who will perform a core service.

- I understand that as a retiree of the Michigan Public School Employees Retirement System with a retirement effective date on or after July 1, 2010, who performs a core service in a Michigan public school through a third party or as an independent contractor, **I agree to forfeit my public school pension and health care benefit subsidy for the duration of the core service.** I understand I will forfeit the entire monthly pension payment and health care benefit subsidy for any month I perform this core service.
- I understand that I am required to repay any previous public school pension payments and health care benefit subsidy received in error while performing a core service.
- I understand that in order to reinstate my pension payments and health care benefit subsidy, I must have my reporting unit inform the Office of Retirement Services (ORS) using Section 3 of this form when my core-service position with the public school ends.

Check one box:

- I am currently enrolled in the retiree group insurance plan and choose to remain in this plan. I understand that ORS will bill me directly for the entire premium of this insurance plan.
- I am currently enrolled in the retiree group insurance plan and choose to cancel my enrollment in this plan.
- I am not currently enrolled in the retiree group insurance plan.

I certify that I am a retiree of MPERS and I understand the conditions specified above in Section 2.

RETIREE SIGNATURE	DATE
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Continue on the back. →



Retiree Employment Certification

Section 3: Termination - To be completed and signed by the reporting unit when the retiree is no longer working in a core service position. This section is required at the end of employment to have the pension payments and health care benefit subsidy reinstated.

I certify that the above retiree is terminating a core service with our reporting unit on ____/____/20____.

PAYROLL OFFICIAL'S NAME (PRINT)	PAYROLL OFFICIAL'S TITLE	
PAYROLL OFFICIAL'S SIGNATURE		DATE

Return the completed forms to:

Michigan Office of Retirement Services, P.O. Box 30171, Lansing, MI 48909-7671

Fax Number: 517-284-4416

If you have questions or for more information about core services, please contact ORS Employer Reporting at 800-381-5111 or Web_Reporting@michigan.gov.

Core Services

The retirement system has determined that "core services" are those services that are important to the central purpose of a reporting unit. For a list of core services please see **Core Services (R0850C)**, available at www.michigan.gov/CoreServices.

