MICHIGAN OFFICE OF RETIREMENT SERVICES
P.O. Box 30171 · Lansing, MI 48909-7671
Michigan.gov/ORS
Toll Free: 800-381-5111
Fax: 517-284-4416

Retiree Rehire Certification – For State of Michigan Retirees

Complete this form if you retired from the state of Michigan, receive a pension, and are subsequently rehired by the state either directly or indirectly with a third party. For more information, go to **www.michigan.gov/orsstatedb**, and navigate to the *After You Retire, Working After You Retire* section.

Section 1: To be completed by the retiree.

RETIREE NAME (LAST, FIRST, M.I.)	SSN/MEMBER ID	DAYTIME TELEPHONE
STREET ADDRESS	CITY, STATE, ZIP CODE	

- I understand that Defined Benefit retirees of the State Employees Retirement System who become employed by the State of Michigan as an employee, independent contractor, or through a contractual arrangement with another party, agree to forfeit their state pension for the duration of the reemployment.
- I understand that former qualified participants of the State of Michigan Defined Contribution Plan who transferred from the Defined Benefit plan to the Defined Contribution plan, retired under the 2002 Early Out, and became reemployed as described above, forfeit their retirement allowance payment for the duration of the reemployment. However, the Defined Contribution account(s) and any associated payouts would not be affected.
- I understand that if I am employed by the state of Michigan for any period of time within the month, I forfeit the entire pension payment for that month.
- I understand that I am required to repay any previous state of Michigan pension payments received in error while working for the state of Michigan as a retiree.
- I understand that in order to reinstate my pension payments, I must inform the Office of Retirement Services (ORS) in writing when my reemployment with the state of Michigan ends.
- I understand that I can only be enrolled in one State group insurance plan, either the retiree or active employee group insurance plan.

Please 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 retiree cost share 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.

In accordance with Public Act 240 of 1943, as amended, I certify that I am retired from the state of Michigan, and I understand the conditions specified above.

RETIREE'S SIGNATURE	DATE SIGNED

Section 2: To be completed and signed by the employing agency.

I certify that the above individual will be employed with the state of Michigan starting _____/_____/20_____.

EMPLOYING AGENCY NAME	EMPLOYING AGENCY CONTACT NAME (PRINT)	TELEPHONE NUMBER
EMPLOYING AGENCY ADDRESS	EMPLOYING AGENCY CONTACT SIGNATURE	DATE SIGNED

If the employing agency listed above is a temporary employment or contracting agency, provide the state of Michigan department/agency contact information below and send a copy of the completed form to the department listed.

SOM DEPARTMENT NAME	SOM DEPARTMENT CONTACT NAME	TELEPHONE NUMBER

Employing agency return the completed form to:
Office of Retirement Services, P.O. Box 30171, Lansing, MI 48909-7671

Department of Technology, Management & Budget
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