



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 Certification for Public Act 524 of 2016 and Public Act 18 of 2020 For Department of Health and Human Services (DHHS)

Complete this form if you employ or terminate a retiree from the state of Michigan, receiving a pension, and subsequently rehired to provide mental health services as a Psychiatrist or mental health professional, in psychiatric hospitals operated by DHHS under the provisions of 2016 PA 524 and 2020 PA 18. For more information, go to www.michigan.gov/orshr, find the *Rehiring State Retirees* under the *State Employees HR* section.

Section 1: Employment Information

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

Section 2: Hire and Termination Information

HIRE *Only complete when retiree is hired.*

POSITION	TITLE
HOURLY PAY RATE	START DATE (MM/DD/YYYY)

TERMINATION *Only complete when retiree is terminated.*

TERMINATION DATE (MM/DD/YYYY)	HOURS WORKED THIS FISCAL YEAR
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Section 3: Certification

<ul style="list-style-type: none"> DHHS determines that, as a result of the retiree's previous employment with the state, the retiree possesses specialized expertise and that the hiring of the retiree is the most cost-effective option for the state. The retiree is hired as a psychiatrist or mental health professional, to provide mental health services to individuals in psychiatric hospitals operated by DHHS. The retiree retired before October 1, 2015. This retiree, at the time of their retirement, had a bona fide termination and no prior plan or promise of reemployment. Mental health professional pension sunset September 30, 2023.

By signing below, I understand this retiree must meet the above requirements to continue receipt of their state of Michigan retirement pension. DHHS will provide a report to the Office of Retirement Services (ORS) that is required by PA 524 and PA 18. If anything changes in this member's employment status, I will notify ORS promptly.

SOM DEPARTMENT NAME	SOM DEPARTMENT CONTACT NAME	TELEPHONE NUMBER
SOM CONTACT SIGNATURE		DATE

**Fax your completed form and any attachments to:
517-284-4416**



Retiree Certification for Public Act 524 of 2016 and Public Act 18 of 2020

For Department of Health and Human Services (DHHS)

Instructions

Use this form to:

- Notify ORS of a retiree being hired by DHHS
- Notify ORS of a retiree terminating from DHHS

Section 1: Employment Information.

The HR completes this section by entering all the retiree's information.

Section 2: Hire and Termination Information.

The HR completes either the hire or termination section.

Section 3: Certification.

The HR completes and signs this section, certifying the employee meets the certification.

Reporting the retiree in HRMN.

Report the rehired retiree using the 05 retirement code.

Reporting retiree wages to ORS.

Report employment of the retiree within 30 days after employment and within 30 days after termination or within 30 days after the end of each fiscal year, whichever comes first. You can submit this electronically. Include the following in the report:

- Name
- Employee ID Number
- Date of Hire
- Termination Date (if applicable)
- Process Level
- Employment Status Code
- Capacity in which the retiree is employed
- The equivalent civil service position
- The hourly wage paid
- Total hours of service for the fiscal year

Send your electronic report to:

ORS_State_HR@michigan.gov

