



Municipal Employees' Retirement System of Michigan
 1134 Municipal Way • Lansing, MI 48917
 800.767.MERS (6377) • Fax: 517.703.9706
 www.mersofmich.com

Employer's Certification of Termination

This form provides verification that the participant named below is no longer employed at this employer.

Please print • Retain a copy for your records

1. Information about retiring participant

Last name*	First name*	MI	Last four digits of SSN*
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2. Employer certification

I certify on behalf of the employer that this employee will meet the requirements of a *bona fide termination* of employment and the employer/employee relationship will be completely severed on the **date listed below**, meaning there is no formal or informal arrangement to rehire at any future date. This includes election or appointment to office with this employer. I understand that certain restrictions exist if they return to work with this employer, including: (1) A minimum separation of 60 days between their last day of employment and the first day they return to work; (2) A minimum separation of 2 years for an official returning to the SAME elected/ appointed position; (3) If rehired to a non-elected/appointed, they will be restricted to 1,000 hours in a calendar year, and once their hours exceed that amount, their pension payments will be suspended until separated; and (4) they will notify MERS when rehired by completing the *Working In Retirement Certification (F-29c)*.

Date terminated (or will terminate) employment (mm/dd/yyyy)* This is either the last day worked or last day on payroll.

Name of employer*	Municipality number (4 digits)*
Signature of authorized employer representative*	Date (mm/dd/yyyy)*
Printed name of authorized employer representative*	Title of authorized employer representative*

Data collected on this form will be used by MERS staff for identification and documentation purposes only.

* Required field

Please submit this completed form to:

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 Retirement System of Michigan**
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 Lansing, MI 48917
 Fax: 517.703.9706