

CERTIFICATION OF COMPLIANCE FOR POST-RETIREMENT EMPLOYMENT SAFETY MEMBER RETIREES



Marin County Employees' Retirement Association
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*For MCERA retirees who want to
provide services as an employee
or through a contract*

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.

SECTION 1: RETIREE INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN (LAST 4 DIGITS) XXX-XX-
DATE OF RETIREMENT	EXPECTED BREAK IN SERVICE	▶ <i>The Expected Break in Service is the number of calendar days between the Date of Retirement and the Expected Date of Reemployment.</i>	
EXPECTED DATE OF REEMPLOYMENT			

SECTION 2: EMPLOYMENT HISTORY

1. **Did you or will you receive any unemployment insurance compensation within the 12 months prior to the expected date of reemployment?**
 - Yes (**STOP** – you are not eligible for this kind of reemployment at this time; notify hiring department)
 - No (continue to question 2)
2. **Did you receive any retirement incentive (“golden handshake”) upon retirement?**
 - Yes (continue to question 3)
 - No (skip to question 4)
3. **If you answered ‘Yes’ to question 2, is your expected break in service at least 180 days?**
 - Yes (go directly to **Section 3**)
 - No (**STOP** – you are not eligible for this kind of reemployment at this time; notify hiring department)
4. **Were you 50 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 **Section 3**)
 - No (go directly to **Section 3**)

LAST NAME (PLEASE PRINT)

MCERA CERTIFICATION OF COMPLIANCE FOR POST-RETIREMENT EMPLOYMENT - SAFETY

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

- Limit of 960 hours of employment per fiscal year.
Limits on hourly rate of pay.
No service credit or other 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.

RETIREE SIGNATURE DATE

SECTION 4: DETERMINATION OF ELIGIBILITY (to be completed and signed by employer)

NAME OF MCERA EMPLOYER

- 1. Did the retiree answer 'Yes' to either question 3, 4 or 5 in Section 2?
2. Did the retiree answer 'Yes' to question 1 in Section 2?
3. Did the retiree answer 'No' to question 3 in Section 2?
4. Did the retiree answer 'No' to question 5 in Section 2?

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 of 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.