



TERMINATION VERIFICATION Retired Reemployed Member

It is the employee's responsibility to have their employer complete this form.

Member name: _____ Member ID: _____

Member mailing address: _____

City: _____ State: _____ Zip code: _____

Employer's Verification of Termination

Please note that if this employee worked for you for less than six months of reemployment, you should **not** complete this form. You should file a *Periodic Wage Reporting Adjustment* form instead.

I HEREBY CERTIFY that our records show the following:

Employee's name: _____

Date reemployment began with IPERS-covered employer: _____

Date last considered an employee: _____

Date of last paycheck from which IPERS was or will be deducted: _____

Is this person going on official leave of absence with you? Yes: _____ No: _____

I certify that I have been authorized by this employer to complete this form. To the best of my knowledge, the information provided on this form is true. The failure to provide true information may subject my organization and me to fraud charges and a legal obligation to IPERS and the member. I further certify that this organization has not entered into any legal or written discussions, or promises with the IPERS member for future employment, temporary employment, or independent contracting in violation of the bona fide retirement rules, IPERS rules, or the federal Internal Revenue Code.

Reporting official's signature: _____

Reporting official's printed name: _____

Title of reporting official: _____

Date: _____ Phone: _____ IPERS Employer number: _____

Employer name: _____