ERS PEC
11/09

POSTRETIREMENT EMPLOYMENT CERTIFICATION

Employees' Retirement System
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

PART I MEMBER INFORMATION

Name: _____
First Middle/Maiden Last

Social Security Number: _____ - _____ - _____

PART II EMPLOYMENT INFORMATION

In compliance with your notice regarding postretirement employment of a retired member, the following information is provided on the above-referenced retiree:

☐ ERS retiree employed with an ERS or TRS agency in a permanent full-time position eligible for retirement coverage effective _____
Month Day Year

☐ ERS retiree employed with an ERS or TRS agency effective _____
Month Day Year
and has exceeded the calendar year/monthly earnings limitation of $_____ on _____.
Month Day Year

☐ ERS disability retirees' earnings exceeded the difference between his/her average final salary and annual retirement benefit effective _____.
Month Day Year

☐ Other (please specify): _____

_____

PART III EMPLOYMENT CERTIFICATION

I, the undersigned, do hereby certify that the information above is true and correct.

Signature/Title: _____ **Date:** _____

Name: _____ **Phone:** (_____) _____
(please print)

Agency: _____