

SECTION 2: Employer Certification of Termination Date and Final Termination Pay Amount

 Employer Name (please print)

 TRS Six-Digit Employer ID

 Employer Telephone Number

EMPLOYER INSTRUCTIONS:

- Do not complete this form until all wages have been paid and the retiring member's final termination pay amount (if any) is known.
- Send the completed form to TRS at least ONE WEEK before you submit the monthly Wage and Contribution report that will include the retiring member's final wages and termination pay. *(Otherwise, you will receive an error on that report.)*

1. What was the member's termination date (last day of work)? _____/_____/_____ (mm/dd/yyyy)

2. Provide the following amounts, not including termination pay, for this retiring member:

Base Contract Amount: \$ _____ or Hourly Rate: \$ _____
 Other Compensation: \$ _____ Explain: _____
 TOTAL Compensation: \$ _____

3. Will this retiring member receive a final payout of any of the following amounts?

Complete all fields. If no amount is payable, enter 0 in that field.

Final vacation leave payout: \$ _____
 Final sick leave payout: \$ _____
 Retirement incentive pay: \$ _____ ▶ *If approved as termination pay by TRS*
 TOTAL termination pay: \$ _____

4. Which Termination Pay ("term pay") option did this member elect? *(See Page 1 of this form)*

- The member elected Term Pay Option 1 or Option 2, which means contributions will be due TRS.
- The member elected Term Pay Option 3 (payout only); no contributions are due on term pay. ▶ *Skip to Signature*

5. If this member elected Termination Pay **Option 1 or Option 2:**

- a.** Enclose with this form a **printout** of the Termination Pay Calculator showing the total amount of employer and member contributions due on termination pay. *TIP: Use the printer icon  in the upper right corner of screen.*
- b.** If the member owes any contributions on an **after-tax ("out of pocket")** basis, be sure to give them a copy of the Termination Pay Calculator printout so the member is aware of the amount they must pay TRS by personal check.

6. Sign below and **submit** this form to TRS at least **one week** before you submit the Wage and Contribution report that includes the member's final wages and termination pay contributions. *You will receive an error on your monthly report if this form has not been provided to TRS ahead of time.*

By my signature below, I certify that the member named on Page 1 has terminated employment and that all information reported is complete and correct. If the member has signed TRS Form 129 *Termination Pay Irrevocable Election*, unless otherwise required by law, I certify that the total termination pay amount payable to the member is reported and that employee contributions will be withheld pursuant to IRC §414(h)(2) and Montana Code Annotated, §19-20-716. I also certify that the termination pay amount reported does not include deferred compensation as defined under IRC, 457(f).

 Certifying Representative's Printed Name and Title

 Certifying Representative's Signature
 _____/_____/_____
 Date