

ADDITIONAL CONTRIBUTION CALCULATION REQUEST

SECTION I – MEMBER INFORMATION AND AUTHORIZATION

Name: _____ Date of Birth: _____

Mailing Address: _____

I, _____, hereby make application to deposit additional contributions under the provisions of Chapter 218:9 (Laws of 1973, as amended) and authorize my department to release information identified in Section II. **This request does not obligate me to make additional contributions.** I understand that the actuarial calculation MECRS will use to determine the amount of additional contributions to be paid is based on my annual rate of compensation at the time of this request. I also understand that the amount of retirement benefits that I will receive if additional contributions are made will differ from any projections provided by the MECRS because future compensation levels and interest rates will differ from the assumptions used in the projections. **I also fully acknowledge that contributions to the Additional Contribution program are available to me only upon retirement or termination of employment, without exception.**

I plan on retiring at age _____.

My planned date of retirement will be _____ / _____ / _____
mo day year

I have read Administrative Rule, Part 6, dealing with Additional Employee Contributions and have enclosed my non-fundable \$50 payment for the calculation.

Select and sign one choice only:

_____ 50% of average final earnings at retirement.
Signature and Date

_____ Offset early retirement reduction.
Signature and Date

SECTION II – SALARY ASSUMPTIONS FOR CALCULATION PURPOSES

(To be completed by the Retirement System)

The most recent three year compensation history for this member as recorded in Pension Pro is: \$ _____ \$ _____ \$ _____.

Will this member be making additional contributions through payroll deductions? _____
Yes/No

_____ *Name and title of certifying Official* _____ *Signature*