

**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 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 PERA2000 is: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_.

Will this member be making additional contributions through payroll deductions? \_\_\_\_\_  
*Yes/No*

\_\_\_\_\_  
*Name and title of certifying Official*

\_\_\_\_\_  
*Signature*