



Employer Verification of Termination

MEMBER INFORMATION

This Form Must Be Completed By The Employer

Name: _____ Social Security Number: _____

EMPLOYER NOTICE

The member listed above has applied for retirement benefits from APERS. Before retirement benefits can begin, members must terminate their employment with an APERS-participating employer/reciprocal employer. In the section below, please verify the member's last date to earn pay and final earnings information. Exclude dates and earnings related to lump sum payments that the member may receive for unused time off or other termination-related pay.

TERMINATION AND EARNINGS VERIFICATION

Employer Payroll Representative: Verify the member's last date to earn pay and final earnings information. Exclude dates and earnings related to lump sum payments for unused time off or other termination-related pay.

1. Member Status.

Contributory

Non-Contributory

2. Last date to earn pay: _____

3. Termination Date _____ **If Different than #2 please explain:** _____

4. List the member's compensation for the final three (3) months through the month of termination.

Month/Year	Monthly Earnings	Monthly Service Credit (1, 2, 3 or 4)	Hours Worked	Service Credit
_____	_____	_____	80+	4
_____	_____	_____	60-79	3
_____	_____	_____	40-59	2
_____	_____	_____	20-39	1
_____	_____	_____	0-19	0

5. List compensation the member will receive after the month of termination.

Month/Year	Monthly Earnings	Reason
_____	_____	_____

EMPLOYER CERTIFICATION

I have read the "Employer Notice" above regarding members terminating their employment before receiving retirement benefits. I certify that based on my knowledge or the information provided to me this member has or will terminate employment with this agency on the date given above and will remain terminated after that date except as authorized by retirement law.

Name: _____ Signature: _____

Title: _____ Employer: _____

Telephone No: () _____ Fax No: () _____

Date: _____

Notice of Penalty for Falsifying Statements or Records

Any person who knowingly makes any false statements or who falsifies or permits to be falsified any record in an attempt to defraud the system as the result of such act shall be guilty of a misdemeanor and shall upon conviction by a court, be punished by a fine of not less than one hundred dollars (\$100) or a maximum of six (6) months in jail or both. Arkansas Code of 1987, as amended, 24-4-102.