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TERMINATION OF EMPLOYMENT CERTIFICATION FORM (DISABILITY)

 Employee Name

____ - ____ - ____
 Social Security Number

 Employer Name

 Employer Code

A. INSTRUCTIONS FOR THE EMPLOYER

One of your employees or former employees, named above, is eligible for the MainePERS Disability Preliminary Benefit (DPB) Program. The DPB Program is a program by which eligible disability benefit recipients can receive an initial check sooner. Without the DPB Program, disability recipients may wait from two to four months after approval to receive their first benefit check. This is the average time it takes for MainePERS to receive final payroll information from employers and to calculate disability retirement benefit amounts. A disability preliminary benefit, which is 90% of a disability retiree's estimated disability benefit, is paid monthly to eligible disability retirees while the regular disability retirement benefit is being processed.

To process the DPB payment for your former employee, MainePERS needs information from you about his/her termination date and receipt of Workers' Compensation benefits. Please complete the sections below.

Please note that two deadlines apply:

- (1) This form must be completed **after** your former employee's termination date, since in order to qualify for the Disability Preliminary Benefit Program the employee must have terminated.
- (2) This form must be returned to MainePERS immediately in order to process payment.

Finally, please remember that MainePERS still needs final payroll information from you as soon as possible after your former employee's termination date, for the following reasons:

- your former employee's disability preliminary benefit may be significantly lower than his/her regular disability benefit; and
- calculation of the regular disability benefit depends on final payroll information.

B. CERTIFICATION OF TERMINATION

Complete this entire section.

I certify that _____ terminated employment as a
 Name of Former Employee

_____ on _____
 Position of Former Employee Date of Former Employee's Termination

Last Day in Pay Status: _____ (Last date member worked or used their own time (sick or vacation); does not include sick bank time.)

C. CERTIFICATION OF WORKERS' COMPENSATION BENEFITS

I certify that, at termination, the above-named employee does does not receive Workers' Compensation benefits.

D. SIGNATURE OF CERTIFYING OFFICIAL

 Signature of Certifying Official

 Title

 Name of Certifying Official (please print)

 Date

 Phone Number