PERS Oregon Public Employees Retirement System

11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Phone – 503-603-7788 toll free 888-320-7377
Fax - 503-603-7626 website – www.oregon.gov/pers

2155

Salary Certification for Retirement Benefits

Social Security number
PERS number
Date

Section A: Employee information (Type or print clearly in dark ink. Illegible forms may be returned. This could delay your request.)

The employee shown below has applied for retirement benefits. PERS must have the salary information from Section B before benefits due can be calculated. Please complete and return this form immediately to avoid causing any delay in providing benefits to the retiring employee.

Employee name	Employer number	Tier	PERS covered wages for	Per your previous reporting

Section B: Total salary paid per month

List the total salary paid per month **(including *"EPPT"* if applicable)** for calendar year. *(The date on the paycheck determines the month paid, except for Tier Two.)* Tier One: Report salary in month paid. Include lump-sum vacation payments. Tier Two: Report salary when earned, not when paid. **Do not** include lump-sum vacation payments.

Month	Hours	Subject salary	Employer paid (EPPT)	Member paid (after-tax) MPAT)	Member paid (pre-tax) (MPPT)	Salary for retirement Salary + EPPT
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total						

Section C: Explanation (attach additional pages to Salary Certification if necessary)

Explain the difference if total in Section A does not equal the total in Section B. Based on this certification, you may be invoiced or refunded for the difference between Sections A and B. _____

_____

_____

Section D: Employer signature

I certify the above to be correct to the best of my knowledge.

_____ _____

Signature and title of employer representative (do not print) Date

_____

Employer phone number

Office use only

☐ PERS ☐ OPSRP ☐ IAP

Print Form *Clear Fields*