

# Retirement Incentive Program: Employer Certification of Member Eligibility – Instructions

These instructions correspond with the *Employer Certification of Member Eligibility* form (MS 187).

This form is used to certify the employee meets the requirements under Education Code sections 22714, and 44929 or 87488 to participate in the Retirement Incentive Program and to indicate the payment plan selected by the employer.

**NOTE:** This form must be received by CalSTRS no later than 30 calendar days after the last day of the window period as established by formal action of the employer, pursuant to Education Code section 22714(a)(1) and (2).

## SECTION 1: MEMBER AND EMPLOYER INFORMATION

**Retirement Effective Date:** The date of the employee’s retirement, which must be within the window period and must be at least one day after the last day of service.

**Employer (District):** Name of the school district, county office of education, or community college district.

**CalSTRS District Code:** Five-digit CalSTRS reporting unit code. First two digits for the county code and last three digits for the employer code.

**Last Day of Service (Termination Date):** The last day of the employee’s work, vacation or compensated approved leave, which must be before the retirement effective date. The employee cannot work and retire on the same day.

**Employer Contact and Telephone Number:** Name and phone number of the person to contact if CalSTRS has questions or instructions regarding this document.

**Inclusive Period of Participation (Window Period):** Start and end date of window period approved by the formal action of the board. The window period must be set after the board approval date and at least 60 calendar days and not more than 120 calendar days. The employer may open as many window periods for the two additional years of service credit. Window periods may be consecutive, but may not overlap.

## SECTION 3: REQUIRED SIGNATURES

In most cases, the individual holding one of the titles listed on the form will sign. However, any official authorized by these entities may sign, as long as the signatures are from two different people.

## SECTION 2: PAYMENT SECTION

Place a mark in the box identifying the selection of the lump-sum payment or the deferred payment.

- If selecting lump-sum payment, enter the PRESENT VALUE\* amount in the LUMP-SUM PAYMENT column. Add the PRESENT VALUE amount and ADMINISTRATIVE FEE amount (\$290) and enter the sum on the TOTAL LINE in the LUMP-SUM PAYMENT column.
- If selecting deferred payment:
  - a) Enter the PRESENT VALUE amount in DEFERRED PAYMENT TOTAL column; divide by eight and enter the result in each of the YEAR columns on the PRESENT VALUE line (YEAR 1, YEAR 2, YEAR 3, etc.)
  - b) On the worksheet below, enter the PRESENT VALUE amount and the INTEREST RATE in effect on the retirement effective date. Multiply the PRESENT VALUE by the INTEREST RATE and enter the result under the UNMODIFIED INTEREST column. Multiply the UNMODIFIED INTEREST by the factor shown for each year. Enter the result in the appropriate column on the INTEREST line on this worksheet and on the front of the form.

PRESENT VALUE	INTEREST RATE	UNMODIFIED INTEREST	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8
			X 1	X .875	X .75	X .625	X .50	X .375	X .25	X .125
INTEREST (enter here and on interest line on the front of the <i>Employer Certification of Member Eligibility</i> form)										

\* The PRESENT VALUE can be found in the 2016 CalSTRS Retirement Incentive Employer Directive (ED16-06).

# Employer Certification of Member Eligibility

Retirement Incentive Program  
MS 187 rev 08/19

[For CalSTRS' Official Use Only]



California State Teachers' Retirement System  
P.O. Box 15275  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

This form is used to certify the employee meets the requirements under Education Code sections 22714 and 44929 or 87488 and to indicate the payment plan selected by the employer. **NOTE:** This form must be received by CalSTRS no later than 30 calendar days after the last day of the window period as established by formal action of the employer.

## Section 1: Member and Employer Information

MEMBER NAME	MEMBER SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>
RETIREMENT EFFECTIVE DATE	LAST DAY OF SERVICE (TERMINATION)
<input type="text"/>	<input type="text"/>
EMPLOYER (DISTRICT)	CalSTRS DISTRICT CODE
<input type="text"/>	<input type="text"/>
EMPLOYER CONTACT	CONTACT TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>
INCLUSIVE PERIOD OF PARTICIPATION (WINDOW PERIOD)	
Start Date:    /    /    End Date:    /    /	
<input type="text"/>	

## Section 2: Payment Selection

The employer agrees to pay CalSTRS the amount due under the selected payment plan:

- Lump-Sum Payment:** Include a check for the total amount due, including the \$290 administrative fee, shown below, within 30 days after the effective retirement date. Interest will accrue after 30 days.
- Deferred Payment:** The employer will be sent an itemized billing annually for eight years. An administrative fee of \$360 will be billed with the first installment. Regular interest is charged at the rate in effect in the fiscal year of retirement and calculated from the effective retirement date on the unpaid actual present value balance.

ESTIMATED PRESENT VALUE COST WORKSHEET										
COST ITEM	LUMP-SUM PAYMENT	DEFERRED PAYMENT*								
		YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	TOTAL
ADMINISTRATIVE FEE	290.00	360.00								360.00
PRESENT VALUE										
INTEREST										
TOTAL										

\*Follow the instructions carefully to calculate PRESENT VALUE and INTEREST for DEFERRED PAYMENT.



---

**Section 3: Required Signatures**

I hereby certify that this member is eligible to retire and receive two years of additional service under the provisions of the Retirement Incentive Program pursuant to Education Code section 22714.



---

SCHOOL DISTRICT, COUNTY OFFICE OR OTHER EMPLOYING AGENCY OFFICIAL SIGNATURE      DATE (MM/DD/YYYY)



---

COUNTY OFFICE OF EDUCATION, SUPERINTENDENT OF PUBLIC INSTRUCTION      DATE (MM/DD/YYYY)  
OR CHANCELLOR OFFICIAL'S SIGNATURE