

# Retirement Incentive Program: Certification Information—Instructions

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These instructions are for the *Certification Information* form (MS 1169-2).

This form is used to report cost savings information and must be included when submitting the *Certification of Employer Participation* form (MS 1169-1) and 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 board.

## **SECTION 1: EMPLOYER (DISTRICT)**

Name of school district, county office of education or community college district.

## **SECTION 2: INCLUSIVE PERIOD OF PARTICIPATION (WINDOW PERIOD)**

This is the start date and end date of the window period opened 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 no more than 120 calendar days. The board may open as many window periods for the two additional years of service credit. Window periods may be consecutive, but may not overlap. This should be the same as the inclusive period of participation on the *Certification of Employer Participation* form.

## **SECTIONS 3—5: SOCIAL SECURITY NUMBER, LAST NAME, FIRST INITIAL AND TYPE OF POSITION**

Information that pertains to each retiree.

## **SECTION 6: AGE (YEARS AND MONTHS)**

Age in years and months of each retiree on the retirement date.

## **SECTION 7: CalSTRS YEARS OF SERVICE**

Total number of years of CalSTRS service credit for each retiree. This information may be obtained from each retiree or by logging onto the Remote Employer Access Program (REAP) and checking the Balance Query (BALQ) screen.

## **SECTION 8: ADMINISTRATIVE FEE, PRESENT VALUE, PLUS ANY INTEREST**

The CalSTRS administrative fee, plus present value (plus interest, if deferred payment is selected). The amount should agree with the total cost shown on the *Employer Certification of Member Eligibility* form (MS 187), plus any amount charged by the county superintendent, superintendent of public instruction or chancellor to cover certification costs.

## **SECTION 9: POSTRETIREMENT HEALTH CARE BENEFIT COSTS**

The employer's cost of postretirement health care benefits directly related to the Retirement Incentive Program.

## **SECTION 10: YEARS TO COST SAVINGS (8 + 9/13)**

The number of years to realize cost savings is computed by adding columns 8 and 9, then dividing by column 13.

## **SECTION 11: RETIREE CONTRACT SALARY AND BENEFITS**

The years of earnable contract salary and benefits for each retiree, taking probable salary increase into account to achieve cost savings.

## **SECTION 12: REPLACEMENT (IF ANY) CONTRACT SALARY AND BENEFITS**

The years of earnable contract salary and all benefits for each retiree and the replacement (if any), taking probable salary increases into account to achieve cost savings. If the replacement has not been hired, estimate this amount. If there will be no replacement, enter zero. The domino effect may be used when internal promotions are a direct result of a Retirement Incentive Program retirement. For example, if a retiring principal is replaced by promoting a vice principal, the vice principal is replaced by promoting a teacher, and the promoted teacher is replaced by a newly hired teacher, the replacement salary used would be the total savings from each promotion. To indicate the domino effect, attach a schedule showing the cost savings for each employee involved.

## **SECTION 13: SALARY AND BENEFIT SAVINGS**

Item 11 minus Item 12.

## **REQUIRED SIGNATURES**

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

# Certification Information

## Retirement Incentive Program

MS 1169-2 rev 05/16



California State Teachers' Retirement System  
 P.O. Box 15275, MS 60  
 Sacramento, CA 95851-0275  
 800-228-5453  
 CalSTRS.com

1.EMPLOYER (DISTRICT)					2.INCLUSIVE PERIOD OF PARTICIPATION (WINDOW PERIOD)						
					START DATE			END DATE			
RETIREE DATA					EMPLOYER RETIREMENT COSTS			SALARY AND BENEFITS			
3. SOCIAL SECURITY NUMBER	4. LAST NAME, FIRST INITIAL	5. TYPE OF POSITION	6. AGE (YRS, MOS)	7. CalSTRS YRS OF SERVICE	8. ADMIN. FEE, PRESENT VALUE PLUS ANY INTEREST	9. TWO YRS OF POSTRETIREMENT HEALTH CARE BENEFIT COSTS	10. YRS TO COST SVGS (8+9/13)	11. RETIREE	12. REPLACE- MENT (IF ANY)	13. SALARY AND BENEFIT SAVINGS (11-12)	
Total Positions Vacated		Totals for All Pages Submitted			a)	b)	Total Salary and Benefit Savings			d)	
					Costs (a + b)		c)	Net Savings (d - c)		e)	
I hereby certify that this is a projected accounting of information for the above named employer, resulting from formal action taken pursuant to Education Code section 22714.					SCHOOL DISTRICT, COUNTY OFFICE OR OTHER EMPLOYING AGENCY OFFICIAL'S SIGNATURE						DATE(MM/DD/YYYY)
					COUNTY OFFICE, SUPERINTENDENT OF PUBLIC INSTRUCTION OR CHANCELLOR OFFICIAL'S SIGNATURE						DATE(MM/DD/YYYY)



