

PAYROLL FILE CHECKLIST

	W-4 EMPLOYEE'S WITHHOLDING CERTIFICATE AND INSTRUCTIONS
	RESIDENCY CERTIFICATION FORM
	AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
	LOCAL SERVICES TAX - EXEMPTION CERTIFICATE
	ACT 29 AND PSERS PREVIOUS ENROLLMENT
	PSERS NOMINATION OF BENEFICIARIES
	PSERS NOMINATION OF BENEFICIARIES: ADDENDUM FOR DEFINED CONTRIBUTION (DC) ONLY
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	PSERS ACT 120 OF 2010 PENSION REFORM SUMMARIZED
	ACCESSING YOUR PAYSTUBS INSTRUCTIONS

Employee's Withholding Certificate

OMB No. 1545-0074

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	TOTAL RESIDENT EIT RATE		

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	WORK LOCATION NON-RESIDENT EIT RATE		

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

dced.pa.gov/Act32



Penn Hills School District

Authorization Agreement For Direct Deposit

I hereby authorize Penn Hills School District, to initiate credit entries and/or correcting debit entries to my ☐ Checking Account or ☐ Savings Account to the payee, Individual or Agency, indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to credit or correcting debit, to the same to such account. (See attached voided check or bank issued document)

Name of Financial Institution

Routing Number

Account Number

This authorization is to remain in full force and effect until the District has received written notification from me of it's termination is such time and in such manner as to afford the District a reasonable opportunity to act upon it.

Printed Name and Signature

Date

☐ I hereby notify Penn Hills School District to cancel the transaction described above.

Signature and Date

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year _____

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax for the municipality or school district in which you are primarily employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____
Address: _____
City/State: _____

Soc Sec #: _____
Phone #: _____
Zip: _____

REASON FOR EXEMPTION

1. _____ **MULTIPLE EMPLOYERS:** Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
2. _____ **EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____:** Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. _____ **ACTIVE DUTY MILITARY EXEMPTION:** Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. _____ **MILITARY DISABILITY EXEMPTION:** Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: Berkheimer Tax Administrator
Address: PO Box 25156
City/State: Lehigh Valley, PA

Phone #: (610) 588-0965
Zip: 18002

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the combined rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

Employment Information: List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER** under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

	1. PRIMARY EMPLOYER	2.	3.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

PLEASE NOTE:

All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____

Penn Hills School District



Act 29 and PSERS Previous Enrollment

Dear Employee:

Act 29 affects the way school entities are reimbursed for Social Security and Retirement contributions for anyone hired as a substitute or regular employee after June 30, 1994. The Act defines an "existing employee" as an individual who was previously employed by ANY Commonwealth of PA Public School entity prior to July 1, 1994.

Due to this law, we require that you answer the following questions:

Have you ever received a paycheck from a school district in Pennsylvania prior to July 1, 1994?

(This would include any type of work such as permanent, part-time, substitute, custodial, etc.)

☐ Yes

☐ No

Were you ever a member of the Public School Employees' Retirement System (PSERS)?

☐ Yes, enrollment date: _____ ☐ No

Are you a retiree drawing a benefit from PSERS?

☐ Yes

☐ No

Have you received a waiver from PSERS?

☐ Yes

☐ No

Part time employees may be eligible for a waiver from PSERS if they have an alternate retirement plan. The plans that qualify are Traditional IRA, Roth IRA, Simplified Employee Pension (SEP) and Savings Incentive Match Plan for Employees of Small Employers (SIMPLE). If you are part time and can provide documentation of one of these plans, do you want to apply for a waiver? If you answer "Yes", you will need to supply documentation of an existing plan in order to be eligible for the waiver.

☐ Yes

☐ No

(Full time employees may not apply for a WAIVER.)

Public School Employees' Retirement System (PSERS) requires that all Public School employees that will exceed 500 hours or 80 days of work during a school year must have a PSERS payroll deduction. If you are hired as full time, that deduction will start immediately. If you are hired as a part time employee that will exceed those minimums, your deduction will start immediately. If you are hired as a substitute employee or a part time employee that is not expected to exceed those limits, the deduction will not be applied until we receive notification from PSER's that you have exceeded the limits. There are special rules that apply to coaches and extra-curricular employees. The deduction for these employees will start immediately unless you have an approved waiver in place.

Name (Please Print): _____

Signature: _____ Date: _____

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.pa.gov
Fax: 717.772.3860
PSRS- 187 (07/2019)

Nomination of Beneficiaries



Mail Center

A**Member Information**

Member Name	
PSERS ID or SSN	
Gender	
Date of Birth	
Former Last Name (only if used in this System)	
<input type="checkbox"/> Check here if you do not want your beneficiary to appear on your annual <i>Statement of Account</i> .	

Member Address Change
☐ Check here if new address

Apt# or Suite

Street Address

City

State & Zip Code

Daytime Phone

Evening Phone

B**Primary Beneficiary - Naming One or More Individuals**

Complete this section to designate one or more individuals as a primary beneficiary. Indicate what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named primary beneficiary in the event of your death. **The total percentage of Sections B and C must equal 100%.**

If you are a Class T-G or Class T-H member, your nomination will apply to both the defined benefit (DB) and defined contribution (DC) components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).

Percent	Name (first, middle, last)	Social Security Number	Date of Birth (month/day/year)	Gender	Relationship	Address (street, city, state, zip code)

SSN or PSERS ID

C

Primary Beneficiary - Naming an Estate, Trust, or Charity

Complete this section to designate your estate and/or one or more trusts or charities as a primary beneficiary. Indicate what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named estate, trust, or charity in the event of your death. **The total percentage of Sections B and C must equal 100%.**

If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only.

Percent	Indicate Estate, Trust, or Charity	Charity Name (if applicable)	Contact Name	Contact Address (street, city, state, zip code)
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			

D

Secondary Beneficiary - Naming One or More Individuals

Complete this section to designate one or more individuals as a secondary beneficiary.

You may designate the distribution of a benefit to secondary beneficiaries in one of two ways: using percentages or preferential order.

- If you wish to designate your secondary beneficiaries using percentages, indicate in the Percent/Order column what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named secondary beneficiary in the event of your death and the deaths of all named primary beneficiaries. **The total percentage of Sections D and E must equal 100%.**
- If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order column (e.g., 1, 2, 3, etc.) **between Sections D and E.** If all primary beneficiaries predecease you and you choose preferential order, full payment will be made to the **first** secondary beneficiary. If that individual also predeceases you, full payment will be made to the **second** secondary beneficiary, and so on in preferential order.

If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only.

Percent/ Order	Name (first, middle, last)	Social Security Number	Date of Birth (month/day/year)	Gender	Relationship	Address (street, city, state, zip code)

SSN or PSERS ID

E

Secondary Beneficiary - Naming an Estate, Trust, or Charity

Complete this section to designate your estate and/or one or more trusts or charities as a secondary beneficiary.

You may designate the distribution of a benefit to secondary beneficiaries in one of two ways: using percentages or preferential order.

- If you wish to designate your secondary beneficiaries using percentages, indicate in the Percent/Order column what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit should be distributed to each named secondary beneficiary in the event of your death and the deaths of all named primary beneficiaries. **The total percentage of Sections D and E must equal 100%.**
- If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order column (e.g., 1, 2, 3, etc.) **between Sections D and E.** If all primary beneficiaries predecease you and you choose preferential order, full payment will be made to the **first** secondary beneficiary. If that individual also predeceases you, full payment will be made to the **second** secondary beneficiary, and so on in preferential order.

If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only.

Percent/ Order	Indicate Estate, Trust, or Charity	Charity Name (if applicable)	Contact Name	Contact Address (street, city, state, zip code)
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			
	<input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Charity			

F

Guardian Information

Complete this section to name a guardian for any named primary and/or secondary beneficiary less than 18 years of age.

You may not list yourself as a guardian.

Guardian Name(s)	Address (street, city, state, zip code)	Minor Name(s)

G

Member Certification

I certify that all statements provided on this form are accurate. I agree that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law. I also agree that it is important to keep my nomination current and I acknowledge that my submission and PSERS acceptance of this form will void all prior nominations of beneficiaries.

Member Signature	Date Signed
------------------	-------------

If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only form.

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.pa.gov
Fax: 717.772.3860
PSRS- 187a (07/2019)

Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only



Mail Center

If you are a Class T-G or a Class T-H member, you should complete this form only if you would like to nominate beneficiaries for your defined contribution (DC) component of your retirement who are different from the beneficiaries you nominated in your *Nomination of Beneficiaries (PSRS-187)* form.

If you do not submit this form with a *Nomination of Beneficiaries (PSRS-187)* form, PSERS will process this nomination for your DC component only. Class DC members should use a *Nomination of Beneficiaries (PSRS-187)* form.

Member Name	PSERS ID or SSN
--------------------	------------------------

<input type="checkbox"/> Primary _____% <input type="checkbox"/> Secondary _____% <small>Order</small>	Name (First, Middle, Last) or Full Name of Entity 	Gender 	Address (street, city, state, zip code)
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary _____% <input type="checkbox"/> Secondary _____% <small>Order</small>	Name (First, Middle, Last) or Full Name of Entity 	Gender 	Address (street, city, state, zip code)
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary _____% <input type="checkbox"/> Secondary _____% <small>Order</small>	Name (First, Middle, Last) or Full Name of Entity 	Gender 	Address (street, city, state, zip code)
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary _____% <input type="checkbox"/> Secondary _____% <small>Order</small>	Name (First, Middle, Last) or Full Name of Entity 	Gender 	Address (street, city, state, zip code)
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)	

Complete this section to name a guardian for any named primary and/or secondary beneficiary less than 18 years of age.

You may not list yourself as a guardian.

Guardian Name(s)	Address (street, city, state, zip code)	Minor Name(s)

I certify that all statements provided on this form are accurate. I agree that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law. I also agree that it is important to keep my nomination current and I acknowledge that my submission and PSERS acceptance of this form will void all prior nominations of beneficiaries.

Member Signature	Date Signed
-------------------------	--------------------

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.pa.gov
Fax: 717.772.3860
PSRS-187 (07/2019)

Nomination of Beneficiaries



This form is to be used by all PSERS membership classes.

Complete this form to nominate a beneficiary with the Public School Employees' Retirement System (PSERS) to distribute any amounts payable by PSERS in the event of your death. In all cases, a nominated individual must survive you by 30 days. If all individuals named as primary and secondary beneficiaries predecease you, then your estate will become the default beneficiary.

If you wish to change beneficiaries at a later date, you must submit a new designation with PSERS to revoke your prior designations. You may do so through PSERS Member Self-Service (MSS) Portal or by submitting a new form. The most recently accepted form on file with PSERS is the only form that can be used to distribute benefits regardless of your membership status at the time of your death. All earlier forms are voided.

If you are naming more beneficiaries and/or guardians than space allows, provide the additional information on a separate sheet of paper and attach it to your form. Remember to provide all information as indicated on the form.

Details to Remember When Completing Your Beneficiary Nomination:

- ✓ This form is a legal document that may not be altered in any way.
- ✓ If you make a mistake during completion, please complete a new form.
- ✓ You must name at least one primary beneficiary.
- ✓ You may divide the distribution of your benefit between individuals, trusts, charities, and/or your estate.
- ✓ If an individual is nominated, then the nominated individual must survive you by 30 days.
- ✓ If an individual, who is a primary beneficiary, predeceases you, then their share (percentage) will be distributed proportionally among any remaining primary beneficiaries.
- ✓ For a secondary beneficiary to receive a benefit, all named primary beneficiaries must be deceased.
- ✓ If all named beneficiaries predecease you, primary and secondary, then the benefit will be paid to your estate.
- ✓ If you name a primary and/or secondary beneficiary, who is a minor, then you should name a guardian for each minor named.
- ✓ You may change your nomination at any time by submitting a new form.
- ✓ You may choose not to display your beneficiary nomination on your annual *Statement of Account*.
- ✓ Your signature and the date you signed this form are **required**.
- ✓ This form is to be used to nominate a beneficiary for the defined benefit and the defined contribution components of PSERS regardless of membership class.
- ✓ If you are a Class T-G or Class T-H member, your nomination will apply to both the defined benefit and defined contribution components of your retirement unless you complete the attached *Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only* (PSRS-187a).

What If I Need Assistance?

Call our toll-free number, 1.888.773.7748 (1.888.PSERS4U), Harrisburg local callers 717.787.8540, between the hours of 8:00 a.m. and 5:00 p.m. to speak with a service representative.

Where Should I Send My Completed Nomination?

Send To: PSERS
5 N 5th Street
Harrisburg PA 17101-1905

What Will PSERS Do After My Nomination Is Processed?

After receipt and acceptance of your *Nomination of Beneficiaries* form, PSERS will return an acknowledgment letter for your records.

IMPORTANT: Read all instructions carefully.
Forms not properly completed will not be accepted by PSERS.

A**Member Information**

Member Name. If incorrect, you may make the change directly on this form.

If any part of your name is changing (i.e., first, middle, or last), a photocopy of the legal document regarding your name change is required as proof.

If you are correcting the spelling of your name on record or adding onto your name for clarification purposes (e.g., adding middle name, suffix, etc), no proof is required.

PSERS ID or Social Security Number (SSN). Your form cannot be processed without your PSERS ID or social security number.

If your SSN is incorrect, you may make the change directly on this form. A photocopy of your social security card is required as proof of the change.

Gender. If incorrect, you may make the change directly on this form. Written verification explaining the reason for the change is required.

Date of Birth. If incorrect, you may make the change directly on this form. Enter your correct birth month, day, and year including century (e.g., 08-08-1965). A photocopy of proof of date of birth is required such as:

- Birth certificate
- Baptismal record
- Passport
- Life insurance policy listing your full date of birth
- Current driver's license
- Naturalization card
- Alien registration card

B**Primary Beneficiary
Naming One or More Individuals**

Complete this section to designate one or more individuals as a primary beneficiary to receive any amount payable at the time of your death.

If you are a Class T-G or Class T-H member, your nomination will apply to both the defined benefit (DB) and defined contribution (DC) components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).

Percent. Enter the percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit that should be distributed to each named primary beneficiary. **The total percentage of Sections B and C must equal 100%.**

Name. Enter the name (first, middle, last) of each primary beneficiary you wish to nominate.

Social Security Number. Enter the social security number for each named primary beneficiary.

Date of Birth. Enter the birth month, day, and year including century (e.g., 08-08-1965) for each named primary beneficiary.

Gender. Enter "M" for male or "F" for female for each named primary beneficiary.

Relationship. Enter the relationship between you and each named primary beneficiary (e.g., spouse, son, daughter, friend, etc.)

Address. Enter the address for each named primary beneficiary.

C**Primary Beneficiary
Naming an Estate, Trust, or Charity**

Complete this section to designate your estate and/or one or more trusts or charities as primary beneficiary to receive any amount payable at the time of your death.

If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).

Percent. Enter the percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit that should be distributed to each named estate or trust. **The total percentage of Sections B and C must equal 100%.**

Estate, Trust, or Charity Indicator. Indicate whether you are designating your estate, trust, or charity as a primary beneficiary by checking the appropriate box. For an "Estate" or "Trust," no other information is required.

When naming a "Trust," do not submit a copy of your Trust Agreement. Upon your death, PSERS will send a Trustee Certification that is required before making payment. If the Trust is not valid or is no longer operative, PSERS will not make payment to the Trust, but will pay the named secondary beneficiary or, if none, your estate. You should ensure that your attorney has determined that the Trust Agreement meets all legal requirements.

Charity Name. If you naming a "charity" as a primary beneficiary, enter the name of the designated charity.

Contact Name. Enter the name (first, middle, last) of the contact person for each named charity.

Address. Enter the address for each contact person listed for the charity.

D**Secondary Beneficiary
Naming One or More Individuals**

Complete this section to designate one or more individuals as a secondary beneficiary to receive any amount payable at the time of your death and when all named primary beneficiaries predecease you.

If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).

Percent. If you wish to designate your secondary beneficiaries using percentages, indicate what percentage (e.g., 25%, 33 1/3%, 50%, etc.) of your benefit that should be distributed to each named secondary beneficiary. **The total percentage of Sections D and E must equal 100%.**

Order. If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order columns (e.g., 1, 2, 3, etc.) **between Sections D and E.** If all primary beneficiaries predecease you, full payment will be made to the **first** secondary beneficiary. If that individual also predeceased you, full payment will be made to the **second** secondary beneficiary, and so on in preferential order.

Name. Enter the name (first, middle, last) of each secondary beneficiary you wish to nominate.

Social Security Number. Enter the social security number for each named secondary beneficiary.

Date of Birth. Enter the birth month, day, and year including century (e.g., 08-08-1965) for each named secondary beneficiary.

Gender. Enter "M" for male or "F" for female for each named secondary beneficiary.

Relationship. Enter the relationship between you and each named secondary beneficiary (e.g., spouse, son, daughter, friend, etc.).

Address. Enter the address for each named secondary beneficiary.

E**Secondary Beneficiary
Naming an Estate or Trust**

Complete this section to designate your estate and/or one or more trusts or charities as a secondary beneficiary.

If you are a Class T-G or Class T-H member, your nomination will apply to both the DB and DC components of your retirement unless you complete the attached Nomination of Beneficiaries: Addendum for Defined Contribution (DC) Only (PSRS-187a).

As in Section D, you may designate the distribution of a benefit to secondary beneficiaries using percentages or preferential order. If you use percentages, **the total percentage of Sections D and E must equal 100%.**

If you wish to designate your secondary beneficiaries using preferential order, indicate the order of preference in the Percent/Order columns (e.g., 1, 2, 3, etc.) **between Sections D and E.**

Estate, Trust, or Charity Indicator. Indicate whether you are designating your estate, trust, or charity as a secondary beneficiary by checking the appropriate box. **For an "Estate" or "Trust," no other information is required.**

When naming a "Trust," do not submit a copy of your Trust Agreement. Upon your death, PSERS will send a Trustee Certification that is required before making payment. If the Trust is not valid or is no longer operative, PSERS will not make payment to the Trust, but will pay the named secondary beneficiary or, if none, the estate. You should ensure that your attorney has determined that the Trust Agreement meets all legal requirements.

Charity Name. If naming a "charity" as a secondary beneficiary, enter the name of the designated charity.

Contact Name. Enter the name (first, middle, last) of the contact person for each named charity.

Address. Enter the address for each contact person listed for the charity.

F**Guardian Information**

Complete this section to name a guardian for any named primary and/or secondary beneficiary who is currently less than 18 years of age.

If you name more than one person as a guardian for a minor beneficiary, the guardian names must be connected with "and" (e.g., John and Mary Smith); **do not use "or" or "and/or"** (e.g., John and/or Mary Smith, John Smith or James Jones).

Guardian Name(s). Enter the name (first, middle, last) of each guardian you wish to designate for each named minor.

Address. Enter the address for each named guardian.

Minor Name(s). Enter the name (first, middle, last) of each minor beneficiary for whom the guardian is named.

G**Member Certification**

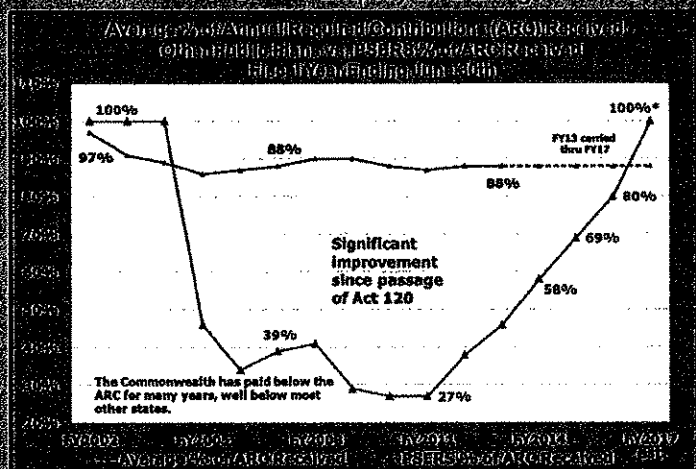
Your signature and the date you signed this form are required. By signing this form, you are certifying that all information provided is correct and you are acknowledging that all prior *Nomination of Beneficiary* forms are void upon submission and acceptance of this form by PSERS.



Progress Made Under Act 120 of 2010 Pension Reform

100%

For the first time in fifteen years, PSERS will receive full actuarially determined funding from the Commonwealth and school employers during FY 2016/2017.



FY 2017 is based on the actuarially determined rate calculated by PSERS actuary.

Act 120 of 2010 at a Glance

- Put in place short-term rate relief – “collars” to help school budgets.
- Reduced DB multiplier from 2.5%.
 - 2.0% for 7.5% employee rate
 - 2.5% for 10.3% employee rate
- Put in place “Shared Investment Risk.”
- Increased normal retirement age.
- Increased vesting – 5 yrs. to 10 yrs.
- Eliminated lump-sum withdrawal option.

48,000 +
members are under the reduced benefit structure of Act 120 as of June 30, 2015. That number is expected to reach over 60,000 during 2016--23% of PSERS' total active membership.

S&P Global Ratings

“Given the small [budget] gap, coupled with the achievement of full funding of actuarially determined contributions (ADCs) for all pension plans in fiscal 2017, we see the fiscal 2018 and projected out-year budget gaps as manageable (albeit likely to face similar political obstacles).” - July 2016

Innovative Shifting of Investment Risk

Act 120 members will contribute more into PSERS if investments underperform. The next lookback to determine risk share will occur in FY 2017.

\$115 million+

in annual savings from reduced benefit structure expected in FY 2016/2017

The ongoing “normal” cost of current pension service for Act 120 members is less than 3% of payroll compared with over 8% for pre-Act 120 members.

Act 120 of 2010 Benefit Changes Summary

Act 120 of 2010 was passed by the General Assembly on November 15 and signed by the Governor on November 23, 2010. **The benefit reductions contained in this legislation will only impact individuals who become new members of PSERS on or after July 1, 2011.** Any existing or former members of PSERS who return to service on or after July 1, 2011, will retain their old membership status. **The current pension benefit that a PSERS retiree receives is not impacted by the legislation.**

Changes that Impact All Members

Membership with PSERS

Membership - Once a member qualifies for PSERS membership all service earned as a member after the initial qualification will be considered qualified until there is a break in membership. Previously, part-time hourly and per diem members had to qualify for PSERS membership each year (500 hours, 80 days for hourly and per diem employees).

The following constitutes a break in membership:

- A member terminates and refunds his contributions and interest
- A non-vested member terminates without refunding his contributions and interest and does not return to service prior to the expiration of inactive member status (a period of two full fiscal years from June 30 of the last FY of the member's last day of paid service)

Note: Inactive membership status is retained if a member was granted Multiple Service (MS) and they are active with SERS; therefore rules applying to inactive members are applicable.

- A non-vested member is not reported as being employed by a public school employer for a period of two full fiscal years from June 30 of the last FY of the member's last day of paid service, irrelevant of refunding his contributions and interest, unless the member was granted MS and is active with SERS.

Note: If member was granted MS then their member status is considered inactive with PSERS while they are active with SERS and therefore rules applying to inactive members are applicable.

Obtaining Service Credit

Applying for Additional Service Credit – Active members only have a one-time opportunity to apply for Non-Qualifying Part Time (NQPT) Service. This purchase of service must be applied for within specific timeframes.

- Class T-C and Class T-D members active on July 1, 2011 have a three-year window, beginning July 1, 2011, to file an application to purchase Non-Qualifying Part-Time service (NQPT).
- Class T-C and Class T-D members who are not active on July 1, 2011 have a one-year window, from the date of notification by PSERS, to file an application to purchase Non-Qualifying Part-Time service (NQPT).
- Class T-E and Class T-F members have a one-year window, from the date of notification by PSERS, to file an application to purchase Non-Qualifying Part-Time service (NQPT).

No Benefit Changes for Class T-C and Class T-D Members

The benefit changes/reductions contained in Act 120 only impact individuals who become new members of PSERS on or after July 1, 2011. Any existing or former members of PSERS who return to service on or after July 1, 2011 will be a Class T-D member and will not be subject to the benefit reductions for the new classes of Membership (Class T-E and Class T-F).

Two new classes of membership (Class T-E and Class T-F) were created for anyone that becomes a new member of PSERS for the first time on or after July 1, 2011. These changes are outlined in the following sections.

Changes that Impact New Members

For school employees who become new members of PSERS on or after July 1, 2011, there are two new classes; Class T-E and Class T-F. These classes of membership determine the amount of money withheld from your paychecks and the amount of your retirement benefit when you retire.

Class T-E

- Pension multiplier is 2%
- Effective July 1, 2011 employee contribution base rate is 7.5% (base rate) with a "shared risk" provision that could cause the total contribution levels to fluctuate between 7.5% and 9.5%

Class T-F

- Pension multiplier is 2.5%
- Effective July 1, 2011 employee contribution base rate is 10.3% (base rate) with a "shared risk" provision that could cause the total contribution levels to fluctuate between 10.3% and 12.3%

All new members will automatically become Class T-E members. New members however, will have a one-time opportunity to elect Class T-F within 45 days of receiving written notification from PSERS. Failure to elect Class T-F at time of original eligibility will make the member ineligible for Class T-F forever. In other words, once the election is made either by action or inaction, the election is permanent.

Class T-E and T-F Members

- The cost to purchase Non Qualifying Part Time (NQPT) service and most types of nonschool or nonstate service credit (other than military service) will be the full actuarial cost of the service
- Have a ten year vesting period
- For normal retirement, employees who terminate employment at or after age 65 with minimum of 3 years of service, or attain a total combination of age and service that is equal to or greater than 92 with a minimum of 35 years of service
- No projection of service for determining normal retirement
- May not withdraw contributions and interest in a lump sum when retiring
- Pension benefit cannot exceed the member's final average salary
- New employees starting later than July 1, 2011 will contribute based on the "shared risk" rate in effect at date of hire.

What is Shared Risk?

With a "shared risk" program Class T-E and T-F members benefit when investments of the fund are doing well and share some of the risk when investments underperform. The member contribution rate will stay within the specified range allotted for Class T-E or T-F; but could increase or decrease by 0.5% every three years starting July 1, 2015, dependent on investment performance of PSERS. The member contribution rate could never go below the base rate of 7.5% for T-E and 10.3% for T-F members, or above 9.5% for T-E and 12.3% for T-F members.

Act 120 of 2010

Funding/Actuarial Changes Summary

Funding Changes - Employer Contributions

The legislation suppresses the employer contribution rate by using rate caps in future years to keep the rate from rising too high, too fast.

The rate caps limit the amount the pension component of the employer contribution rate can increase over the prior year's rate as follows:

- FY 2011/12 - not more than 3.0% plus the premium assistance contribution rate
- FY 2012/13 - not more than 3.5% plus the premium assistance contribution rate
- FY 2013/14 - not more than 4.5% plus the premium assistance contribution rate
- Thereafter - not more than 4.5%

The rate cap remains at 4.5% until the rate cap no longer applies, i.e. the rise in the employer contribution rate is less than the rate cap in effect at that time

After that, the rate is what is calculated by PSERS actuary and approved by the PSERS Board, subject to a new rate floor or minimum employer contribution rate that will be the employer normal cost (currently about 8%), plus the premium assistance contribution rate.

- The "employer normal cost" is the amount needed from the school employers to fund the benefits earned by the active members for that year.

Actuarial Changes

- Currently liabilities are funded over various periods of time using level dollar amortization. Act 120 re-amortizes all unfunded liabilities over a 24 year period and uses level percentage of pay amortization.
 - Level percentage of pay amortization is calculated using the same percentage of compensation each year during the amortization period. Under the level dollar amortization, the annual dollar amount of the payment remains the same each year.
- Changes the recognition of investment gains and losses from a 5 year smoothing period to a 10 year smoothing period.
- Any future legislation enacted that adds liabilities to the system (i.e. cost-of-living adjustments, "30 and Out") will be amortized over 10 years, using a level percentage of pay method.
- Establishes a prohibition on the use of Pension Obligation Bonds to fund the System.



Penn Hills School District

Accessing Your Paystub

We do not provide physical paystubs. To access your paystubs please visit the link below:

<http://prosoft.phsd.k12.pa.us/ProSoftWeb/login.aspx>

Here you can view paystubs and W-2 information. You can also update some demographic information.

To register:

1. Click hyperlink that says, "forgot user/or password"
2. Enter required Information
3. Choose a password
4. Your username will be the first letter of your last name and the last 4 digits of your social security number

If you have questions, please contact:

Colleen Szymansky
(412)793-7000 ext. 1244