

EMPLOYEES' RETIREMENT SYSTEM OF THE STATE OF HAWAII
201 Merchant Street, Suite 1400, Honolulu, Hawaii 96813-2980

**CERTIFICATION OF COMPLIANCE WITH
REQUIREMENTS FOR EMPLOYMENT OF A RETIRANT**

Clear Form

Complete this form if you receive a retirement allowance from the Employees' Retirement System of the State of Hawaii (ERS) and have been or will be hired by the State or a county in a position that is excluded from ERS membership (including labor shortage or difficult-to-fill positions).

This form does not have to be completed if you will be reenrolled as an active member of the ERS. If you are reenrolled as an active member of the ERS, your retirement benefits will be suspended until you retire again.

Check with your employer to find out whether your position is a labor shortage or difficult-to-fill position. Check with the ERS to find out whether your position is excluded from ERS membership. Positions that are excluded from ERS membership include but are not limited to:

- o Short-term or temporary appointments of three months (90 days) or less;
- o Substitute teachers;
- o Positions that are less than 50% full-time equivalent; and
- o Session employees of the legislature.

PART I (TO BE COMPLETED AND SIGNED BY THE RETIRANT)

RETIRANT NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY NUMBER XXX-XX-	DAYTIME PHONE
STREET ADDRESS	RETIREMENT DATE	
CITY, STATE, ZIP CODE	PREVIOUS DEPARTMENT _____ PREVIOUS DIVISION _____ <input type="checkbox"/> State of Hawaii <input type="checkbox"/> County of _____ <input type="checkbox"/> City and County of Honolulu	

I understand that, as an ERS retiree, I must meet the requirements for employment of a retiree, which are summarized below, during the time I am employed in a position that is excluded from ERS membership (including a labor shortage or difficult-to-fill position). If I do not meet the requirements for employment of a retiree, **I will forfeit my entire retirement allowance and health benefits during the period that I am employed by the State or a county after January 1, 2011.**

I also understand that, if I do not meet the requirements for employment of a retiree, I will be required to reimburse the ERS for:

- Any retirement allowance or other benefits I receive after January 1, 2011 while I am employed by the State or a county, plus 8 per cent annual interest;
- Any employee retirement contributions that should have been paid on my compensation after January 1, 2011, plus 8 per cent annual interest; and
- Any administrative expenses incurred by the ERS in responding to my employment by the State or a county in violation of the requirements for reemployment of a retiree, to the extent that I am determined to be at fault by ERS.

Requirements for Employment of a Retiree

I confirm that:

- I will be employed in a labor shortage or difficult-to-fill position; and
- I have not been employed by the State or any county for at least **12 consecutive months** during the time I have been retired; and

- No agreement (verbally or in writing) was made, prior to my retirement, that I would be employed by the State or a county after I retired.

OR

- I will be employed in a position that is excluded from ERS membership; and
- I will not be employed in a labor shortage or difficult-to-fill position; and
- I have not been employed by the State or any county for at least **6 consecutive months (from _____ to _____)** during the time I have been retired; and
- No agreement (verbally or in writing) was made, prior to my retirement, that I would be employed by the State or a county after I retired.

By signing below, I confirm that I understand the Requirements for Employment of a Retirant and that I understand the consequences to me if I do not meet the Requirements for Employment of a Retirant.

RETIRANT'S SIGNATURE

DATE SIGNED

Warning: Any person who knowingly furnishes false information to government authorities may be guilty of a misdemeanor, punishable by up to 1 year of imprisonment and/or a \$2,000 fine. Hawaii Revised Statutes § 710-1063.

PART II (TO BE COMPLETED AND SIGNED BY THE HIRING AGENCY)

AGENCY NAME Department _____ Division _____ <input type="checkbox"/> State of Hawaii <input type="checkbox"/> County of _____ <input type="checkbox"/> City and County of Honolulu	EFFECTIVE DATE OF HIRE
AGENCY ADDRESS 	PHONE
<ul style="list-style-type: none"> • This Agency did not enter into an agreement (verbally or in writing) with the Retirant, prior to the Retirant's retirement, that the Retirant would be reemployed by this Agency. • The Retirant will be employed in: <ul style="list-style-type: none"> <input type="checkbox"/> A labor shortage or difficult-to-fill position. <input type="checkbox"/> A position that is excluded from ERS membership. Basis for exclusion: <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or temporary appointment of three months (90 days) or less. <input type="checkbox"/> Substitute teacher. <input type="checkbox"/> Less than 50% FTE. <input type="checkbox"/> Session employee of the legislature. <input type="checkbox"/> Other: _____ 	
_____ HIRING AGENCY CONTACT NAME (PRINT)	
_____ HIRING AGENCY'S SIGNATURE	_____ DATE SIGNED

**Hiring Agency return the completed form within 7 business days from the effective date of hire to:
 Employees' Retirement System, 201 Merchant Street, Suite 1400, Honolulu, HI 96813-2980**