



Montana Public Employee Retirement Administration
 PO Box 200131 • Helena MT 59620-0131
 (406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

ELECTION TO MAKE RETIREMENT CONTRIBUTIONS FOR A COVERED USERRA/MILITARY OR WORKER'S COMPENSATION ABSENCE

Please complete this form to receive a cost statement.

MEMBER INFORMATION		
Last Name	First Name	SSN*
Member's Mailing Address		Employing Agency
City	State	Zip
Dates Absent From: _____ through: _____		
Type of Absence (check one) <input type="checkbox"/> USERRA - must be elected and paid for within a time period not to exceed three times the period of service upon return to employment but not to exceed five years. § 19-2-707, MCA. <input type="checkbox"/> Worker's Compensation - must be determined to have been worked related within one year after the end of the absence or qualified termination. §§ 19-3-504, 19-8-905, 19-6-810, MCA.		
I understand that I can elect to make contributions for the above absence within the time limits. <input type="checkbox"/> I do not wish to contribute for my absence at this time. <input type="checkbox"/> I may wish to contribute for my absence – please provide the cost.		
EMPLOYER INFORMATION		
If the employee elects to contribute, you must certify the compensation and hours this employee would have earned and worked, if not for the work related absence. A certification form is attached.		
Employer Representative (please print)		Telephone Number
REQUIRED SIGNATURES		
Member Signature		Date
Payroll Clerk/Certifying Official's Signature		Date

Retain a copy for your records and forward the original to MPERA.

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.



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CERTIFICATION OF COMPENSATION AND HOURS

Certify the employee's monthly actual compensation earned; the compensation they would have received if not for the absence; and the total hours missed. All amounts should be listed in a WHEN PAID basis, not when earned.

Last name		First Name			Employer			
Type of Certification (check one) _____ Hours and compensation previously not reported to PERS _____ USERRA Military Absence _____ Worker's comp					Dates Absent From _____ through _____			
YEAR	20_____				20_____			
	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS MISSED	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS MISSED
JAN								
FEB								
MAR								
APR								
MAY								
JUN								
JUL								
AUG								
SEP								
OCT								
NOV								
DEC								
TOTAL								
REQUIRED SIGNATURE								
I certify the above compensation and hours accurately reflect the payroll records of this agency.								
Payroll Clerk/Certifying Official					Telephone Number			
Email Address					Date			

