Position Information Form (rPIF) - REINSTATEMENT MEMBER -

Retirement Board

Franklin Regional Retirement System (FRRS)

Questions: general.frrsma@gmail.com or 413-774-4837

Upload to: https://frrsma.sharefile.com/filedrop

Treasurer, please use this form to provide us with particulars when we have asked you to return an employee of yours to active status with FRRS and we have asked you to re-start deductions.

Grab the phone and call us if you are not sure - 413.774.4837

Employee Information	
Name	SSN Last 4: XXX-XX
Employment - This position	
<u> </u>	
Name of Employer Title/Position	
Employment Status – this position (check all that approximate the property of	ply)
Full-time Part-time	
Salary Information – this position Weekly hours, or other description	Hourly rate:
Pay period: weekly biweekly monthly	School year (21 vs 26?) #
Describe other	
Do you pay them hourly, daily, or are you dividing their annual	ual salary and paying them equal
amounts each time?	·
Number of periods: Rate of pay per period:	Annual pay:
Deduction Rate (check the appropriate box – call if your series of the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% This person is subject to the additional 2%, longstanding member 2% _ This person is subject to the additional 2%, longstanding member 2% _ This person is subject to the additional 2%, longstanding member 2% _ This person is subject to the additional 2%, longstanding member 2% _ This person is subject to the additional 2%, longstanding member 2% _ This person is subject to the additional 2%, longstanding member 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This person is subject to the additional 2% _ This	rs: 5% 7% 8% but it is taken only on the portion of wages that are

Name				SSN Last 4: XXX->	<x< th=""></x<>
This Section	n To Be Com	pleted by the	e Retirement	Board	
differently, I condeduction rate, service credit pervice: This an	nfirm that the gro have been accept ercentage:	up classification, seed as stated by the ership positions h	etart date, annual setart date, and l	reasurer, and unlessalary, employmer I have determined In together are now	nt status, and the following
•	23-25.99=60%;		29-31.99=80%;	32-34.99=90%;	35-40=100%
,			7-8.99=20%;	ŕ	
	11-12.99=30%;	13-14.99=35%;	15-17.99=40%;	18-19.99=45%;	
[_] Zero cred se	rvice – "once-a-me	mber" – stays with	us even though les	s than \$5k (but no	cred service)
[_] Zero cred se	rvice for now – wo	rks variable hours,	so service to be ca	lculated when term	inates or retires

Signature _____ Retirement staff