



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION
100 N PARK AVE STE 200 ~ PO BOX 200131
HELENA MT 59620-0131
406-444-3154 OR toll free 877-275-7372

ELECTION TO QUALIFY ABSENCE

To receive a cost statement to purchase service credit for an absence covered under Workers' Compensation.

Name _____ SSN* _____

Dates of Absence – From _____ to _____

My employer advised me that I can purchase service credit for the above absence.

_____ I DO NOT WISH TO PURCHASE THIS SERVICE.
(INITIALS)

_____ I MAY WISH TO PURCHASE THIS SERVICE - PLEASE PROVIDE THE COST.
(INITIALS)

Signature of Member _____ Date _____

Mailing Address _____

City, State, Zip _____

EMPLOYER CERTIFICATION - REQUIRED:

If the employee elects to purchase this service, *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. Reference §§ 19-3-504, 19-6-805, 19-8-905 MCA.

Employing Agency _____

Contact Person _____

Mailing Address _____

City, State, Zip _____

Payroll Clerk/Certifying Official's Signature _____

Telephone Number _____ Date _____

ATTENTION: This form must be submitted to MPERA within one year of the employee returning to work or terminated. You should retain a copy for your records and forward the original to the MPERA.

*For tax purposes 26 USC § 6401A and 6109.



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CERTIFICATION OF WORKERS' COMPENSATION ABSENCE

NAME _____ EMPLOYER _____

From _____ through _____

Certify the actual compensation, by month, paid to the above employee. Certify the compensation the employee would have received if not for the workers' compensation absence. Specify the total hours missed by month, due to the workers' compensation absence.

YEAR	Year: _____				Year: _____			
	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS
JAN								
FEB								
MAR								
APR								
MAY								
JUN								
JUL								
AUG								
SEP								
OCT								
NOV								
DEC								
TOTAL								

I certify the above compensation and hours accurately reflect the payroll records of this agency.

Payroll Clerk/Certifying Official Telephone Number E-mail Address

Signature of Payroll Clerk/Certifying Official Date