REHIRED RETIREE

To be Completed and Submitted to WRS by ALL Rehired Retirees
Within 10 Days of Member's Reemployment

Form must be completed regardless of whether or not fee is to be paid:

Retiree's Name: _____ SS#: _____

Original Retirement Date: _____ From (Employer Name): _____

You must terminate employment with all covered agencies before you are eligible to retire. Once you retire, if you are hired by an employer covered under the Wyoming Retirement System (WRS), ***filling a vacant full-time position of a regular contributing employee***, you must notify our office of your reemployment. Full-time is defined as working 86 hours or more per month. As a rehired retiree, you have two options concerning your monthly retirement allowance.

1) You may **discontinue** your retirement allowance and be reinstated as a contributing member of the WRS, if you meet the definition of Wyoming Statute 9-3-402(a)(vii). In order to understand the implications of this option, please contact WRS.

2) You may **continue** receiving your retirement allowance and not be reinstated as a contributing member of WRS if you meet the criteria outlined in Wyoming Statute 9-3-415(g) regarding rehired retirees. **You must have at least a 30-day break in service AND your employer must submit your final contributions to WRS before you may return to work for a covered employer.**

➤ YOU MUST SELECT YOUR OPTION WITHIN 10 DAYS OF YOUR REEMPLOYMENT ➤

If you elect to be reinstated as a contributing member of WRS, the option you chose when you first retired from WRS will again be used to calculate the benefit you will receive when you retire a second time. You **CANNOT** change this option or the designated survivor in the case of joint survivor options.

I have chosen to:

☐ **DISCONTINUE** my retirement allowance and be reinstated as a contributing member of WRS.
☐ **CONTINUE** receiving my retirement allowance and not be reinstated as a contributing member of WRS. I understand I will not receive credit for the period of my second employment and contributions will not be withheld from my wages, however, if applicable the Employer must pay to WRS the rehired retiree fee equal to both the member and employer's contributions required by law, based upon my salary. **I understand if either my employer or I do not follow the rehired retiree law, the board shall immediately cancel my retirement benefit and I will be reinstated as a contributing member of WRS.**

X _____ _____
Signature of Rehired Member Date

To be Completed by Employer (if member elects to discontinue benefits, a new registration must also be completed):

Employer Name: _____ Member's Job Title: _____

Reemployment Date: _____ Employment expected to last: _____ Salary: $_____ month/hour

The retiree ☐ **IS** filling a vacant full-time position; the Rehired Retiree fee will be paid
☐ **IS NOT** filling a vacant full-time position; no fee required

If applicable, the Employer must pay to WRS the rehired retiree fee equal to both the member and employer's contributions required by law, based upon the retiree's salary)

PLEASE MARK RETIREMENT PLAN:

☐ Public Employees Retirement Plan
☐ State AWEC
☐ Law Enforcement Plan
☐ P.O.S.T. Certified
☐ Guard Firefighter
☐ Substitute Employee
☐ Temporary Employee
☐ Contract Employee
☐ 3rd Party Contract Employee
☐ Other _____

WRS Office Use Only

Entered: _____
Verified: _____

X _____ _____
Authorized Employer Signature Date

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