

Wyoming Retirement System

Partnering to Build Financial Security for Members and their Families

Mark Gordon Governor David Swindell Executive Director

REHIRED RETIREE ELECTION FORM

EMPLOYERS MUST COMPLETE AND SUBMIT THIS FORM TO WRS WITHIN 30 DAYS OF THE REEMPLOYMENT OF A RETIRED MEMBER OF THE SYSTEM.
PLEASE SUBMIT FORM TO: RET-EMPLOYER-RELATIONS@WYO.GOV

Pursuant to the Wyoming statutes and administrative rules governing the administration of the Wyoming Retirement System (WRS), when a retired member of the system is reemployed by a participating employer into a position covered under the system, the member must elect whether to continue to receive retirement benefits during the period of reemployment or discontinue benefits and rejoin the plan as a contributing member.

What this means for the WRS Participating Employer

This form is required for any retired member working in a vacant full-time position (of a regular contributing employee, in any capacity, including as a contract employee, an employee of a third party contractor or part-time employee of the employer) and the employer has the following requirements:

For a member who elects to continue their WRS retirement benefits:

• The employer is required to make a payment to WRS equal to the employee and employer contributions applicable to the position (the "rehired retiree payment").

For a member who elects to discontinue their WRS retirement benefits:

• The employer is required to pay required employer contributions and to deduct an employee's portion of contributions for that position in the normal payroll process.

EMPLOYER SECTION TO COMPLETE:

Please attach the following documents for the Rehired Retiree:

- Employee's job posting/description; and
- Employee's signed employment agreement which includes their job title and salary terms.

Employer Name:
Employer's RAIN ID:
Employee's Name:
Employee's SSN:
Employee's Application and Employment Start Dates:



WYOMING RETIREMENT SYSTEM REHIRED RETIREE ELECTION FORM

Anticipated Period of Emplo	yment (please select on	e):	
Less than six (6) mo	onths;		
More than six (6) m	onths;		
Other (please expla	in):		
	,		
RETIREMENT BENEFIT ELECTION			
Name of WRS Plan you are receiv	ing retirement benefits:		
Original Retirement Date:			
IRREVOCABLE EMPLOYEE ELEC	TION (PLEASE SELEC	T ONE):	
I understand my options as a Ret following election (select one only)		eiving retirement benefits and I am electing t	the
during the period of reer You qualify b You will conti No additional during your ti	mployment. ased on a bona fide brea inue to receive your WRS I service credits or benef ime of employment.		an
 Employee elects to discontinue retirement benefits from prior employment in the plan and rejoin the plan during the period of reemployment. Your WRS monthly benefits will pause until termination of your employment. Your WRS monthly benefit option and terms cannot be changed and your payment amount cannot decrease. The employee portion of required pension contributions will be deducted from your payroll check. 			
Employee Print Name	Signature	Date	
Employer Print Name	Signature	Date	

Retirement System: Retirement Board

Chapter 12: Reemployment of a Retiree Effective Date: 04/07/2015 to Current Rule Type: Current Rules & Regulations Reference Number: 072.0003.12.04072015