

**INSTRUCTIONS:**

- This form is to be completed by the employer to report compensation and retirement contributions not yet reported on the PMRB-21, Quarterly Report of Contributions form.
- Information on this form must agree with the next PMRB-21 submitted to PMRS.
- Caution should be taken if reporting lump-sum payments for accrued leave. List only compensation for pension-eligible service.
- Return the completed form and all related documents to:

Pennsylvania Municipal Retirement System  
P.O. Box 1165  
Harrisburg, PA 17108-1165

**PART A: PERSONAL INFORMATION (to be completed by the employer)**

1. Member Name  <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> <span style="width: 20%; text-align: center;"><i>First</i></span> <span style="width: 20%; text-align: center;"><i>Middle</i></span> <span style="width: 20%; text-align: center;"><i>Last</i></span> <span style="width: 20%; text-align: center;"><i>Suffix</i></span> </div>	2. Social Security Number  <div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> <span style="font-family: monospace; font-size: 1.2em;">X X X - X X - _ _ _ _</span> </div>
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**PART B: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serves as a certification of the information provided below.**

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Regular Compensation				
Lump-Sum Leave Payout				
Required Member Cont.				
Optional Member Cont.				
Municipal Contributions (Cash Balance Only)				

2. Employing Entity  <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"></div>	3. Municipal Code  <div style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center; font-family: monospace; font-size: 1.2em;">_ _ - _ _ - _ _</div>	4. Employment Separation Type <input type="radio"/> Voluntary <input type="radio"/> Involuntary
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5. Last Day of Compensated Employment  <div style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center; font-family: monospace; font-size: 1.2em;">_ / _ / _</div> <div style="text-align: center; font-size: 0.8em; margin-top: 2px;">MM    DD    YYYY</div>	8. If the dates in blocks 5 and 6 are not the same, please explain why in this section:   
6. Effective Date of Termination  <div style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center; font-family: monospace; font-size: 1.2em;">_ / _ / _</div> <div style="text-align: center; font-size: 0.8em; margin-top: 2px;">MM    DD    YYYY</div>	
7. Date of Last Paycheck*  <div style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center; font-family: monospace; font-size: 1.2em;">_ / _ / _</div> <div style="text-align: center; font-size: 0.8em; margin-top: 2px;">MM    DD    YYYY</div>	

\*Form cannot be submitted to PMRS before this date.

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*Signature of Plan's Municipal Contact*

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*Date*