PENNSYLVANIA MUNICIPAL RETIREMENT SYSTEM P.O. Box 1165, Harrisburg, PA 17108 (800) 622-7968 or (717) 787-2065

Plan Name:	Mu	unicipal Code:	Example [99-999-9 N]	Reporting Period:	

			Member Key or Last 4-digits of Social Security Number if		Required Contributions:	Voluntary Contributions:	Contributions:	Purchase of Service:		Effective Date: (if
Last Name	First Name	Middle Initial	reporting new member:	Quarterly Compensation:	(by Member)	(by Member)	(Municipal for Member)	(by Member)	List Comments and/ or Breaks in Service:	applicable)

	Compensation	Req. Cont. by Mem.	Vol. Cont. by Mem.	Mun. for Mem.	Serv. Pur.	Total Reported Contributions
TOTALS						
CERTIFICATION: BY SUMBITTING THIS FORM I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND ACCURATE. I ALSO CERTIFY THAT ALL EMPLOYEES HAVE BEEN ENROLLED AS REQUIRED BY PLAN DOCUMENTS.		DEPOSITS AND CO	SED TO RECONCILE ONTRIBUTIONS TO MBER ACCOUNTS	If accurate withholdings have been remitted, these two amounts will equal.	Month 1 Month 2 Month 3 Total:	Total Remitted Payments

Completed forms should be printed to a pdf file and can be submitted to RA-RSCOMPLETEDFORMS@pa.gov. Please use the municipal code as the file name for the attachment.

Print Name of Certifying Officer

Date

If faxing or mailing hard copy a signature of Certifying Officer is required.

Signature of Certifying Officer

Date