



# Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139  
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

## FORM 150: VERIFICATION of WAGES

Alternative accessible formats of this document will be provided upon request.

**This form is required for any member who is terminating employment AND RETIRING with TRS.**

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

### MEMBER: Complete this section and provide this form to your employer

Full Name: First	Middle	Last	Suffix ( <i>Jr., Sr., etc.</i> )	XXX - XX -	( )
				Last 4 digits of SSN	Telephone Number
Mailing Address – Street or P.O. Box			City	State	ZIP ( <i>use ZIP+4 if known</i> )

### EMPLOYER INFORMATION and INSTRUCTIONS

Employer's Printed Name	_____-_____-_____-_____-_____-_____-	( )
		Telephone Number
Mailing Address – Street or P.O. Box		
City	State	ZIP ( <i>use ZIP+4 if known</i> )

- 1) **Attach** a copy of the TRS member's employment contracts for each of the **last four years** (or **last six years**, if employment began July 1, 2013 or later).
- 2) **Complete** the fields below to verify that reported wages match the member's employment contracts.
- 3) **Attach additional documentation** (such as extra duty contracts or payroll records) to explain additional wages reported to TRS.
- 4) **Return** this form, contracts, and additional documentation to the member for inclusion in their retirement application packet.

### EMPLOYER VERIFICATION REQUIRED — Verified wages must reconcile to wages reported to TRS

**Current Fiscal Year:** \_\_\_\_\_ **Anticipated Total Wages** to be reported to TRS this fiscal year: \$ \_\_\_\_\_

Base Contract amount:	\$ _____	or Hourly Rate:	\$ _____
Other Compensation:	\$ _____	► Explanation	_____
<b>Total:</b>	<b>\$ _____</b>		

**Fiscal Year:** \_\_\_\_\_ Total Wages reported to TRS by employer: \$ \_\_\_\_\_

Base Contract amount:	\$ _____	or Hourly Rate:	\$ _____
Other Compensation:	\$ _____	► Explanation	_____
<b>Total:</b>	<b>\$ _____</b>		

**Fiscal Year:** \_\_\_\_\_ Total Wages reported to TRS by employer: \$ \_\_\_\_\_

Base Contract amount:	\$ _____	or Hourly Rate:	\$ _____
Other Compensation:	\$ _____	► Explanation	_____
<b>Total:</b>	<b>\$ _____</b>		

**Fiscal Year:** \_\_\_\_\_ Total Wages reported to TRS by employer: \$ \_\_\_\_\_

Base Contract amount:	\$ _____	or Hourly Rate:	\$ _____
Other Compensation:	\$ _____	► Explanation	_____
<b>Total:</b>	<b>\$ _____</b>		

**Continued on Page 2 ►**



# Montana Teachers' Retirement System

FORM 150: VERIFICATION OF WAGES – *Continued*

## EMPLOYER:

- If the member's employment began prior to July 1, 2013: ▶ Skip to *Employer Signature*, below.
- If the member's employment began on or after July 1, 2013: TRS requires wage verification for 6 fiscal years. Please complete the fields below, attach employment contracts and additional documentation as applicable, then sign and date this form.

Fiscal Year: \_\_\_\_\_ Total Wages reported to TRS by employer: \$ \_\_\_\_\_

Base Contract amount: \$ \_\_\_\_\_ or Hourly Rate: \$ \_\_\_\_\_

Other Compensation: \$ \_\_\_\_\_ ▶ *Explanation* \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ Total Wages reported to TRS by employer: \$ \_\_\_\_\_

Base Contract amount: \$ \_\_\_\_\_ or Hourly Rate: \$ \_\_\_\_\_

Other Compensation: \$ \_\_\_\_\_ ▶ *Explanation* \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

### EMPLOYER SIGNATURE

I have enclosed copies of the employment contracts and other documentation required by TRS for accurate processing of the above-named member's retirement packet.

\_\_\_\_\_  
 Name and Title of Employer Representative      Representative's Signature      \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_

▶ **Employer: Return this completed form and all attached materials to the TRS member for inclusion in their retirement application packet.**