



# Montana Teachers' Retirement System

1500 East Sixth Avenue  
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Helena, MT 59620-0139  
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trs.mt.gov

TRS Office Use Only

## FORM 113: RETIREMENT TERMINATION PAY

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

### Member Information

Full Name: First	Middle	Last	Suffix	Birth Date (mm/dd/yyyy)
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)				<u>  X  X  X  </u> - <u>  X  X  </u> - _____
(        )				Social Security Number
Telephone Number				

INSTRUCTIONS: Indicate Option 1, 2, or 3 to advise the Montana Teachers' Retirement System (TRS) how you wish your termination pay to be used in the calculation of your monthly retirement benefit.

- I hereby elect termination pay option:  Option 1  Option 2  Option 3
- I have submitted **Form 129 Termination Pay – Irrevocable Election** at least 90 calendar days prior to my termination of employment, to allow the employee contribution due on termination pay to be remitted as tax-deferred.
- I have not submitted **Form 129 Termination Pay – Irrevocable Election**. I understand I must remit a personal payment representing the employee contribution due to TRS.

Member's Signature	Date
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### EMPLOYER CERTIFICATION

Vacation \$ \_\_\_\_\_ Sick \$ \_\_\_\_\_ Incentive \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Employee's Termination Date (mm/dd/yyyy) Employee's Termination Pay Amount

Will the employee contribution due on termination pay be remitted as tax-deferred?  Yes  No

Please verify the following (do not include Termination Pay Amount):

Base Contract Amount \$ \_\_\_\_\_ Other Compensation \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

INSTRUCTIONS: Please retain this **Retirement Termination Pay** form in your office until the employee has terminated, all wages have been paid, and the termination pay amount has been determined. Through the online TRS Employer Wage & Contribution Reporting System, access the TRS Term Pay Calculator. Populate the required fields and calculate the employee and employer contribution due to TRS. Print the Term Pay Calculator screen. Attach the Term Pay Calculator screen print to the reverse side of this form using clear tape only. Return the **Retirement Termination Pay** form and Term Pay Calculator screenshot to TRS at least one week prior to submitting your monthly contribution report to allow processing time necessary to minimize interruptions in validating and submitting your report. Retain a copy of this completed form and Term Pay Calculator screen print for your records. Remit the contributions due TRS on termination pay by the 15th of the month following the member's termination, or interest may be assessed.

I certify that the above named member has terminated their employment and that all information reported is complete and correct. If the member has signed a Termination Pay – Irrevocable Election Form, unless otherwise required by law, the total termination pay amount payable to the member is reported; and that employee contributions will be withheld pursuant to IRC §414(h)(2) and Montana Code Annotated, §19-20-716. I also certify that the termination pay amount reported does not include deferred compensation as defined under IRC, 457(f).

Employer's Printed Name	(        )
Certifying Representative's Printed Name and Title	Telephone Number
Certifying Representative's Signature	TRS Six-Digit Employer Number
	Date

**ATTACH  
"TERM PAY CALCULATOR"  
SCREEN PRINT HERE,  
USING CLEAR TAPE ONLY.**