

Employer Resolution Establishing Military Service Contribution Requirements for Defined Benefit



WHEREAS, the _____ is a participating municipality or court in the Municipal Employees' Retirement System of Michigan ("MERS"); and

WHEREAS, under Section 8 of the MERS Plan Document, all missed Defined Benefit mandatory employee contributions due to intervening Military service leaves shall be reflected in the participating employer's overall liability in the next annual actuarial valuation unless an alternative method is elected (default); no employee contributions will be required from the participant;

NOW THEREFORE BE IT RESOLVED, that effective _____, 20____, the Governing Body adopts this Resolution (or for a participating court, the Chief Judge by Administrative Order) for all present and future employee divisions requiring that all missed employee contributions due to intervening Military service be handled by (select only one):

- The member will be permitted to choose to remit some or all missed mandatory employee contributions within a time period equal to three times the duration of the military service from the date of reemployment, but not to exceed five years, and years of service credit shall be granted in proportion to the employee contributions received.
- The employer shall remit an additional voluntary employer contribution equal to the sum of the missed mandatory employee contributions due to military service. No employee contributions will be required from the participant.

MERS' Military Service contribution procedures are subject to the MERS Plan Document. Changes to the Plan Document may impact MERS' ability to administer this election in the future.

CERTIFICATION FOR PARTICIPATING MUNICIPALITY OR COURT

I hereby certify that this Resolution was adopted by (check one):

The Governing Body of the _____ at its meeting held on _____.
(Name of Municipality)
(dd/mm/yyyy)

Administrative Order No. _____ adopted by the Chief Judge of the _____, on _____.
(Order Number)
(Name of Court) (dd/mm/yyyy)

Signature of Authorized Official: _____, Date: _____
(dd/mm/yyyy)

Printed name: _____ Title: _____