

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6795

ACT 88 – RECIPROCAL SERVICE APPLICATION

Act 88 – Reciprocal Retirement Act of 1961 allows Michigan government unit employees to combine service credit from a preceding reciprocal retirement system along with service credit acquired with a succeeding governmental unit for purposes of qualifying for an age and service retirement from either retirement system, provided the conditions of the Act are observed. Please review the Retirement Board policy before applying for Act 88. The policy is available on the Retirement Board website at <http://retirementboard.macombgov.org>.

Section 1: Applicant Information

Print Name (Last, First, Middle Initial)	Last 4 Digits SS#	Date of Birth	Date of Hire
Street Address	City, State and Zip Code		
Previous Name(s) Used	Daytime Phone No. ()		

Section 2: Applicant Authorization – To be completed by applicant before forwarding to the government unit

Indicate to the best of your knowledge your employment dates: _____ TO _____ (MM/DD/YYYY) (MM/DD/YYYY)	
I authorize my former employer _____ and its custodian of the retirement records to release information in Sections 3 and 4 to Macomb County Employees Retirement System (MCERS).	
Applicant Signature	Date

Section 3: Employer Verification – To be completed by the employer or employer's custodian of records and forwarded to the employer's retirement system to complete Section 4.

Employer Name	Employer Phone No. ()
Employer Address	City, State and Zip Code
Dates of Employment: Complete the below information. List each time frame of employment separately	
(MM/DD/YYYY)	(MM/DD/YYYY)
Start Date _____	End Date _____
Start Date _____	End Date _____
Start Date _____	End Date _____
By my signature below, I certify that the above applicant worked for this agency during the time periods listed above.	
Employer Signature	Title
Employer Name (Print)	Date

Section 4: Retirement Verification – To be completed by the official custodian of the retirement records

Retirement System Name		Phone No. ()	
Retirement System Address		City, State and Zip Code	
Applicant Name			
Did the applicant participate in the retirement plan? <input type="checkbox"/> YES (complete this section) <input type="checkbox"/> NO (sign and return to MCERS)			
When was the applicant a participant in your plan? _____ TO _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small>			
What is the applicant's total service credit? _____ Years _____ Months			
Upon certifying and completing Section 4 please return form to: Macomb County Employees Retirement System 1 South Main Street, 6 th Floor Mt. Clemens, MI 48043			
By my signature below, I certify that the above information is correct to the best of my knowledge and belief.			
Retirement Custodian Signature		Title	
Retirement Custodian Name (Print)		Date	

Section 5: To be Completed by MCERS

Approved as Reciprocal Service Credit <input type="checkbox"/> Yes <input type="checkbox"/> No		Approver Signature		Date
Date Entered into Actuary System			Completed By (Initial)	