

**Employer Certification of Member Eligibility
Retirement Incentive Program**

1. EMPLOYEE NAME [REDACTED]	2. SOCIAL SECURITY NUMBER [REDACTED]	3. EFFECTIVE RETIREMENT DATE 6/23/2016
4. EMPLOYER (DISTRICT) LAKESIDE UNION SCHOOL DISTRICT	5. CalSTRS DISTRICT CODE 01900	6. LAST DAY OF SERVICE (TERMINATION) 6/22/2016
7. EMPLOYER CONTACT SHERRIE EGESKOG	8. TELEPHONE NUMBER 619-390-2600	9. WINDOW PERIOD (FROM & THROUGH) 6/22/2016 -10/19/2016
10. RETIREMENT INCENTIVE	<input checked="" type="checkbox"/> TWO YEARS OF SERVICE CREDIT <input type="checkbox"/> TWO YEARS OF SERVICE CREDIT AND TWO YEARS OF AGE	

EMPLOYER agrees to pay the California State Teachers' Retirement System the amount due under the selected payment plan:

- FULL PAYMENT** Include a check for the TOTAL AMOUNT DUE, including the \$290 administrative fee, shown below, within 30 days after the effective retirement date. Interest will accrue after 30 days.
- DEFERRED PAYMENT** The employer will be sent an itemized billing annually for eight years. An administrative fee of \$360 will be billed with the first installment. Regular interest is charged at the rate in effect in fiscal year of retirement and calculated from the effective retirement date on the unpaid actual present value balance.

10. ESTIMATED PRESENT VALUE COST WORKSHEET										
COST ITEM	FULL PAYMENT	DEFERRED PAYMENT								TOTAL
		YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	
ADMINISTRATIVE FEE	290.00	360.00								360.00
PRESENT VALUE*	52,875.83									
INTEREST*										
TOTAL	53,165.83									

*Follow instructions and example in employer directive carefully to calculate present value and interest for deferred payment.

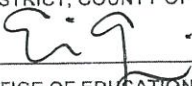

I hereby certify that this member is eligible to retire and receive two years of additional service or two additional years of service credit and two years of age under the provisions of the applicable Retirement Incentive Programs Education Code sections.	
11. SCHOOL DISTRICT, COUNTY OFFICE OR OTHER EMPLOYING AGENCY OFFICIAL'S SIGNATURE 	12. DATE 10-14-16
13. COUNTY OFFICE OF EDUCATION, SUPERINTENDENT OF PUBLIC INSTRUCTION OR CHANCELLOR OFFICIAL'S SIGNATURE	14. DATE



Exhibit A-2
COST SAVINGS REALIZATION WORKSHEET
 Retirement Incentive Program

RETIREE'S NAME: 					
REPLACEMENT'S NAME: UNKNOWN					
LINE ITEM			FULL PAY PLAN	DEFERRED PAY PLAN	MS1169 – 2&3 COLUMN
Retiree preretirement salary	1		93,918.00		
Retiree preretirement benefits	2	+	19,448.48		
Total retiree salary & benefits	3	=	113,366.48		11
REPLACEMENT					
Replacement salary	4		47,399.00		
Replacement benefits	5	+	12,895.72		
Total replacement salary & benefits	6	=	60,294.72		12
One year salary & benefit savings (line 3 – line 6)	7		53,071.76		13
Savings period in years (no maximum)	8	X	2.00		10
Estimated savings	9	=	106,143.52		
Present value cost from Employer Certification of Member Eligibility form (MS 187)	10		52,875.83		
CalSTRS administrative fee	11		\$290	\$360	
Deferred payment interest from Employer Certification of Member Eligibility form (MS 187)	12	+			
SUBTOTAL	13	=	53,165.83		8
Retiree two years postretirement health care cost	14	+	5,880.00		9
Total cost of Retirement Incentive Program	15	=	59,045.83		
Net Savings or Loss (9-15)	16	=	47,097.69		

If showing a cost savings from the domino effect, refer to Domino Effect Example (Exhibit A-3) for the formula to use when calculating savings.