

Pension Relief Worksheet Field Level Guide

Member/Retiree refers to the individual who was employed by the police or fire department.

Survivor/Beneficiary refers to the beneficiary (spouse/dependent child) of a deceased member who is receiving monthly retirement benefits from the police or fire department.

	Employer Code		This is not entered by the employer but inserted by the system.
Required for ALL records on file	Member SSN	xxx-xx-xxxx	The social security number of the member, even if the member is deceased. This must be a valid SSN per SSA rules.
Required for ALL records on file	Member First Name	Alpha	The first name of the member.
Required for ALL records on file	Member Last Name	Alpha	The last name of the member.
Required for ALL records on file	Member Date of Birth	xx/xx/xxxx	The date of birth of the member.
Required for ALL records on file	Member Retirement Date	xx/xx/xxxx	The retirement date of the member.
Required if member is deceased	Member Date of Death	xx/xx/xxxx	If the member is deceased, the member's date of death.
Required if member's date of death is in the year for which this report is being filed, and if the payment was made in the year for which this report is being filed.	Member Death Benefit Paid	xxxxx.xx	Only populate this field if the member died in the year prior to the report submission date. This field will always be populated with the amount of 12000.00 , which is the funeral benefits paid to the family of a deceased retiree.
Required if member's date of death is in the year for which this report is being filed, and if payments were made to the deceased member in the year for which this report is being filed.	Member Total Benefits Paid Before Death	xxxxx.xx	Only populate this field if the member died in the year for which this report is being filed. This field will always be populated with the total amount that the member (retiree) received before they died.
Required for ALL records on	Payee Type	Drop	Regular Retired = The member is still alive and received regular

file		down: Regular Retired Survivor/B eneficiary Disability Retired	retirement benefits in the year for which this report is being filed, or the member died in the year for which this report is being filed and there are no beneficiaries eligible to receive payment. Survivor/Beneficiary = The retiree is deceased and their beneficiary(ies) is receiving the pension payments. A member date of death must be included for the payee type to be survivor/beneficiary. Disability = The member is still alive and received disability retirement benefits in the year for which this report is being filed, or the member died in the year for which this report is being filed and there are no beneficiaries eligible to receive payment.
Required for ALL records on file	Payee SSN	xxx-xx-xxxx	The social security number of the payee. If the payee type is Survivor/Beneficiary, this must be different from the member ssn. This must be a valid SSN per SSA rules.
Required for ALL records on file	Payee First Name	Alpha	The first name of the payee who is receiving the monthly payments.
Required for ALL records on file	Payee Last Name	Alpha	The last name of the payee who is receiving the monthly payments.
Required for ALL records on file	Payee Date of Birth	xx/xx/xxxx	The date of birth of the payee who is receiving the monthly payments. If the payee type is Survivor/Beneficiary, this must be different from the member date of birth.
Required if the payee is deceased	Payee Date of Death	xx/xx/xxxx	If the payee is deceased, the payee's date of death. If the payee type is Survivor/Beneficiary, this must be different from the member date of death.
Required if survivor/beneficiary's date of death is in the year for which this report is being filed, and if payments were made to the deceased survivor/beneficiary in the year for which this report is being filed.	Payee Total Benefits Paid Before Death	xxxxx.xx	Only populate this field if the survivor/beneficiary died in the year for which this report is being filed. This field will always be populated with the total amount that the survivor/beneficiary received before they died.
Required if survivor/beneficiary was a	Date Child Benefit Stopped	xx/xx/xxxx	Only populate this field if the survivor/beneficiary is a dependent child and their monthly benefit was stopped in the year for which this report is

dependent child and their benefit stopped in the year for which this report is being filed.			being filed.
Required if there is a member date of death and benefits are continuing to a survivor/beneficiary	Payee % of Member Benefit Received	xx	The percentage of the member's benefit that is being paid to the survivor/beneficiary.
Required for ALL records on file, except if there is a member date of death and no survivor/beneficiary, or if there is a payee date of death	Payee Annual Payment Amount	xxxxx.xx	This is the total gross benefits that were paid to the member in the year for which this report is being filed, or if the member is deceased to the survivor/beneficiary. If there is a member date of death and no survivor/beneficiary, this field must be left blank. If there is a payee date of death, this field must also be left blank. If the member date of death falls in December of the year for which the report is being filed, the amount in this field must be entered as a '0' if the survivor/beneficiary does not receive their first payment until the next year.
Required for ALL records on file with a non-deceased member or survivor/beneficiary.	Payee Monthly Payment Amount	xxxx.xx	This is the current gross monthly payment amount that is being paid to either the member, or if the member is deceased, to the survivor/beneficiary. If all recipients are deceased this field must equal 0.
Required if member was in the DROP and retired in the previous year	DROP Entry Date	xx/xx/xxxx	This is the member's DROP entry date if the member was in the DROP and has a retirement date in the year preceding this report.
Required if the DROP Entry Date field is entered	Salary Used to Calculate DROP	xxxxx.xx	This is the salary that was used to calculate the member's DROP lump sum payment if the member was in the DROP and has a retirement date in the year preceding this report.
Required if the DROP Entry Date field is entered	Annual DROP Lump Sum	xxxxxx.xx	This is the amount of the DROP lump sum which was paid if the member was in the DROP and has a retirement date in the year preceding this report.
	Grand Total Payout		Calculated field