STATE OF WASHINGTON
DEPARTMENT OF RETIREMENT SYSTEMS
PO Box 9018, Olympia, WA 98507-9018
**TOTAL EXCESS COMPENSATION BENEFIT INVOICE**

| | | | |
|---|---|---|---|
| Regarding: | Bolger, Ray | Retirement Date: | 01/01/1999 |
| SSN: | 123 45 6789 | Birth Date: | 07/22/1939 |

Reason for Invoice: EXCESS COMPENSATION

| | | |
|---|---|---|
| ANY PUBLIC SCHOOL | Invoice #: | 00104668 |
| ATTN: PAYROLL | Invoice Date: | 11/01/1999 |
| 222 N MAIN | Rpt Group #: | 123654 |
| ANY TOWN WA 99999-1111 | System/Plan: | TRS 1 |

*Excess compensation liability is discussed in RCW 41.50.150 and DRS Notices 84-002, 95-010, & 98-001*

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**Calculation of the Total Value of the Excess Compensation**

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|---|---|---|
| 1. Service Prior to 1947: | **00.0000** years of service x **0.000000** | **0.000000** |
| 2. Service: | **(25.08 yrs x 2%)** | **0.501600** |
| 3. Vestment or Nonduty Reduction: | | **1.000000** |
| Total Service Value | **(1 + 2) x 3 =** | **0.501600** |
| 4. Reported Excess Compensation: | **002.6029 x 056/68 (vacation hours over 240)** | **$147.5324** |
| 5. | **000.0000 x 0000.00 (sick leave hours)** | **$ .0000** |
| 6. Other Dollars: | | **$ .0000** |
| **Total Excess Compensation (4 + 5 + a6) =** | | **$147.5324** |
| Monthly Excess Compensation | **$147.5324 / 24 = (AFC months)** | **$ 6.1472** |
| Excess Benefit: | **$ 6.1472 (excess comp) x 0.501600 (srvc val)** | **$ 3.0834** |
| **Total Value of Excess Compensation:** | **$3.0834 / 0.0072280 =** | **$426.59** |

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**Your statement of account activity will show this amount as line item XC.**

**AMOUNT DUE: $426.59**
**DUE BY: 12/15/1999**

*Questions about the calculation call:* TRS BENEFIT SPECIALIST AT (360) 664-1111

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Return your payment to: Dept. of Retirement Systems
PO Box 9018
Olympia, WA 98507-9018