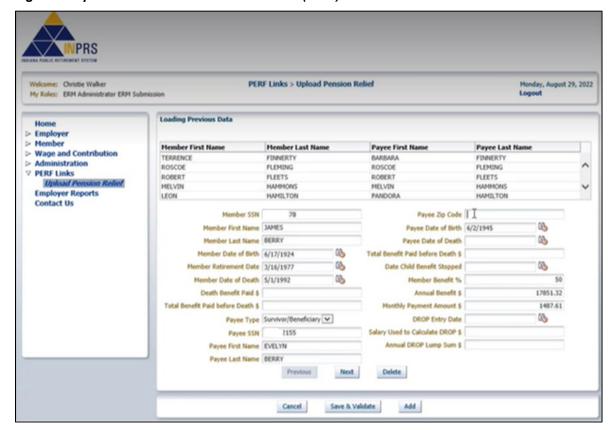# Pension Relief Worksheet Field Level Guide

The following is the guide for completing the field entries for the *Upload Pension Relief* screen in the Employer Reporting and Management (ERM) system **or** using the *Pension Relief Worksheet Template (XLSX)* in conjunction with this guide. These are available from the Pension Secretaries Resources page of the INPRS website.

- 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.

Figure 1: Upload Pension Relief Field Entries (ERM)

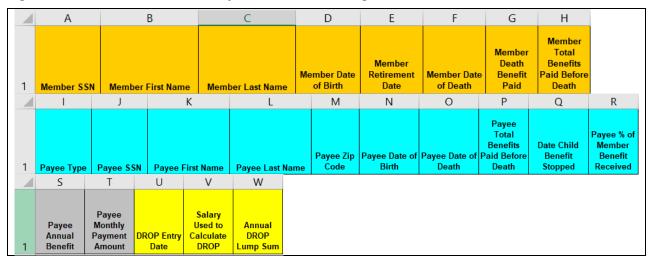*Figure 2: Pension Relief Excel Template Column Headings*

Table 1: Upload Pension Relief Entry Fields

Excel Column	Field (Column Heading)	Entry	Required	This is not entered by ER; inserted by the system
A	**Member SSN**	xxx-xx-xxxx	**Required** for **ALL** records on file	The Social Security number of the member, even if the member is deceased. This must be a valid SSN per Social Security Administration (SSA) rules.
B	**Member First Name**	Alpha	**Required** for **ALL** records on file	The first name of the member.
C	**Member Last Name**	Alpha	**Required** for **ALL** records on file	The last name of the member.
D	**Member Date of Birth**	mm/dd/yyyy	**Required** for **ALL** records on file	The date of birth of the member.
E	**Member Retirement Date**	mm/dd/yyyy	**Required** for **ALL** records on file	The retirement date of the member.
F	**Member Date of Death**	mm/dd/yyyy	**Required if** member is deceased	If the member is deceased, the member's date of death.
G	**Death Benefit Paid $**	xxxxx.xx	**Member Death Benefit Paid** **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.	Only populate this field if the member died in the year prior to the report submission date. This field is always populated with the **amount of 12000.00**, which is the funeral benefits paid to the family of a deceased retiree.
H	**Total Benefit Paid before Death $**	xxxxx.xx	**Member Total Benefits Paid Before Death** **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.	Only populate this field if the member died in the year for which this report is being filed. This field is always populated with the **total amount** that the member (retiree) received before they died.

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Excel Column	Field (Column Heading)	Entry	Required	This is not entered by ER; inserted by the system
I	**Payee Type**	Regular Retired	Drop down **Required** for **ALL** records on file	**Required** for **ALL** records on file
		Survivor/Beneficiary	Drop down **Required** for **ALL** records on file	**Required** for **ALL** records on file
		Disability Retired	Drop down **Required** for **ALL** records on file	**Required** for **ALL** records on file
J	**Payee SSN**	xxx-xx-xxxx	**Required** for **ALL** records on file	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.
K	**Payee First Name**	Alpha	**Required** for **ALL** records on file	The first name of the payee who is receiving the monthly payments.
L	**Payee Last Name**	Alpha	**Required** for **ALL** records on file	The last name of the payee who is receiving the monthly payments.
M	**Payee Zip Code**	xxxxx	**Required** for **ALL** records on file. Only 5 digits can be entered.	**Required** for **ALL** records on file.
N	**Payee Date of Birth**	mm/dd/yyyy	**Required** for **ALL** records on file	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.
O	**Payee Date of Death**	mm/dd/yyyy	**Required if** the payee is deceased	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.
P	**Total Benefit Paid before Death $**	xxxxx.xx	**Payee Total Benefits Paid Before Death** **Required if** survivor/beneficiary 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.	Only populate this field if the survivor/beneficiary died in the year for which this report is being filed. This field is always populated with the **total amount** that the survivor/beneficiary received before they died.
Q	**Date Child Benefit Stopped**	mm/dd/yyyy	**Required if** survivor/beneficiary was a dependent child and their benefit stopped in the year for which this report is being filed.	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 being filed.
R	**Member Benefit %**	xx	**Payee % of Member Benefit Received** **Required if** there is a member date of death and benefits are continuing to a survivor/beneficiary	The percentage of the member's benefit that is being paid to the survivor/beneficiary.

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Excel Column	Field (Column Heading)	Entry	Required	This is not entered by ER; inserted by the system
S	**Annual Benefit $**	xxxxx.xx	**Payee Annual Payment Amount** **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	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** (zero) if the survivor/beneficiary does not receive their first payment until the next year.
T	**Monthly Payment Amount $**	xxxx.xx	**Payee Monthly Payment Amount** **Required** for **ALL** records on file with a non-deceased member or survivor/beneficiary.	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** (zero).
U	**DROP Entry Date**	mm/dd/yyyy	**Required if** member was in the DROP and retired in the previous year	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.
V	**Salary Used to Calculate DROP $**	xxxxx.xx	**Required if** the DROP Entry Date field is entered	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.
W	**Annual DROP Lump Sum $**	xxxxxx.xx	**Required if** the DROP Entry Date field is entered	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.
X	**Grand Total Payout**			Calculated field

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