

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE TEACHERS' FUND FOR RETIREMENT

Be Legendary. SFN 7894 (4-2024)

NORTH

Employer Name				Employer Number (5-digit)	
Street Address					
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PO Box	l elephone Numbe	Telephone Number		Fax Number	
City				ZIP Code	
City			State		
Business Manager's Name		Business Manager's			
business manager s name		Business Manager's Email Address			
Superintendent/Administrator's Name		Superintendent/Administrator's Email Address			
					TFFR Report prepared by (if different from Business Manager)
Disease review the TEED Employer C					

Please review the <u>TFFR Employer Guide</u> for information and examples of the payment plan models available to the employer. Contact TFFR if you are making a model change.

TFFR Employer Payment Plan Effective Date	July 1 (year)	
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Model Selected (check one)

Model 1	Employer withholds and remits <u>ALL</u> of the member contributions under a salary reduction.				
	Percent Paid by Member - Tax Deferred	11.75%			
Model 2	Employer pays all or a portion of the member contributions as a salary supplement.*				
	Percent Paid by Employer - Tax Deferred	<u>%</u> (Up to 11.75%)			
	Percent Paid by Member - Tax Deferred	<u>%</u> (Balance)			
*Beginning July 1, 2025, member contributions paid by the employer must be in full percentages.					
Model 4	State Agencies and State Institutions Only The State pays a portion of the member contribution as a salary supplement.				
	Percent Paid by State - Tax Deferred	4 00 % (Up to 11 75%)			

Percent Paid by State - Tax Deferred4.00 % (Up to 11.75%)Percent Paid by Member - Tax Deferred7.75 % (Balance)

I understand the terms and conditions of the TFFR Employer Payment Plan model described in the TFFR Employer Guide. The employer has selected the above model to report and pay member and employer contributions. I understand this Employer Payment Plan will remain in effect until a new plan is filed in writing. I also understand that any penalties levied by the Internal Revenue Service or Social Security Administration for improper reporting are the liability of the employer, not TFFR.

Authorized Signature of Employer	
Title	
Date	Date Change Goes Into Effect

RETURN TO: ND Retirement and Investment Office PO Box 7100 Bismarck ND 58507-7100

 Telephone:
 701-328-9885

 Toll free:
 800-952-2970

 Fax:
 701-328-9897

 Email:
 rio@nd.gov

This form is available in an alternate format upon request.