

# Welcome!

Teachers' Fund for Retirement (TFFR)  
Info Mixer

Wednesday, October 12, 2022, at 2:00 pm  
Thursday, October 13, 2022, at 2:00 pm

Denise Weeks and Tami Volkert

If you have any questions or comments, please use Q&A.

**TFFR NEW  
ELIGIBLE EMPLOYEES  
AND FORMS**

# WHAT IS TFFR?

- TFFR is a defined benefit pension plan designed to provide retirement, disability, and death benefits for ND public school educators.
- 3 Income Sources:
  - 1) Employer Contributions
  - 2) Employee Contributions
  - 3) Investments



Earns Interest



Employee

Employer  
Contributions



# ND TFFR Fast Facts

FY End 6/30/2021

The ND Teachers' Fund for Retirement plan (ND TFFR) provides ND educators with a financial foundation for the future that includes a secure and stable retirement. This is possible due to TFFR's plan design, professional plan management, strong investment performance, and outstanding customer service.



## MEMBERS

**11,627** ACTIVE MEMBERS  
**9,262** RETIRED MEMBERS  
**210** EMPLOYERS

Member Stats	Actives	Retirees
Avg. Annual Salary/Benefit	\$64,455	\$26,064
Avg. Service Credit	11.4 yrs	27.2 yrs
Avg. Current Age	41.4 yrs	72.8 yrs

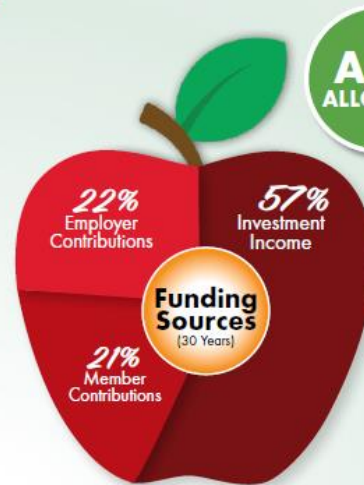
**MEMBER/EMPLOYER SATISFACTION: 3.9 (4.0 Scale)**

**84%**

of benefits are paid to ND residents.

**\$235 million**  
 was distributed to retirees in FY 2021.

Net Asset Value of TFFR **\$3.28** billion



**ASSET ALLOCATION**



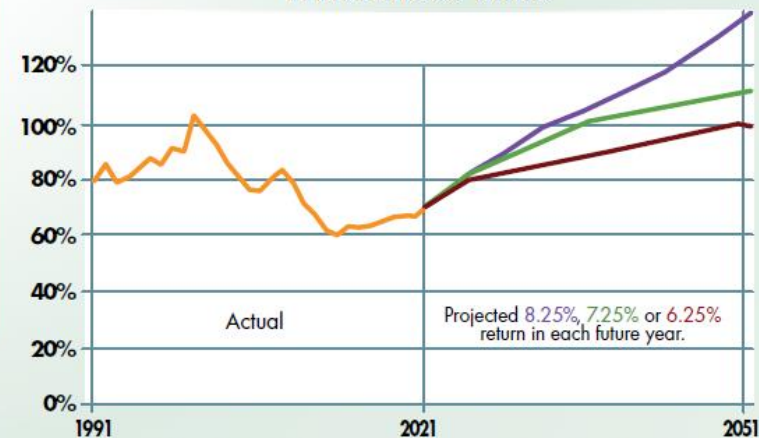
## Investment Returns

(net of fees)

1 year 26.54%  
 5 year 11.22%  
 30 year 8.10%

## 69% of BENEFITS are PREFUNDED

### TFFR Funded Ratio



TFFR's long-term funding outlook is positive, and benefits are secure for past, present, and future ND educators.

# ND TFFR PLAN SUMMARY

**Tier 1** is a member who had service credit in the TFFR plan prior to 7/1/08.

- Tier 1 Grandfathered member was less than 10 years away from retirement eligibility as of 6/30/13. Grandfathered member was vested, and either age 55 or had a combined total of service credit and age equal to or greater than 65 on 6/30/13.
- Tier 1 Non-Grandfathered member was more than 10 years away from retirement eligibility as of 6/30/13. Non-grandfathered member was less than age 55 and had a combined total of service credit and age which was less than 65 on 6/30/13.

**Tier 2** is a member who began participation in the TFFR plan on 7/1/08 or after.

\* Contribution rates are in effect until TFFR reaches 100% funded level, then rates reduce to 7.75% each.

	Tier 1 Grandfathered Member	Tier 1 Non- Grandfathered Member	Tier 2 Member
<b>Employee Contribution Rates (active and re-employed retirees)</b>			
7/1/10 - 6/30/12	7.75%	7.75%	7.75%
7/1/12 - 6/30/14	9.75%	9.75%	9.75%
*7/1/14 ongoing	11.75%	11.75%	11.75%
<b>Employer Contribution Rates</b>			
7/1/10 - 6/30/12	8.75%	8.75%	8.75%
7/1/12 - 6/30/14	10.75%	10.75%	10.75%
*7/1/14 ongoing	12.75%	12.75%	12.75%
<b>Vesting Period</b>	3 yrs	3 yrs	5 yrs
<b>Unreduced Retirement Eligibility</b>			
Minimum Age	No	60	60
AND Rule	Rule 85	Rule 90	Rule 90
OR Normal Retirement Age	65	65	65
<b>Reduced Retirement Eligibility</b>			
Minimum Age	55	55	55
Reduction Factor	6%	8%	8%
<b>Retirement Formula Multiplier</b>	2%	2%	2%
X Final Average Salary	3 yr FAS	3 yr FAS	5 yr FAS
X Service Credit	Total years	Total years	Total years
<b>Disability Retirement</b>	Yes	Yes	Yes
Retirement Formula Multiplier (2%) X Final Average Salary (FAS) X Total Service Credit			
<b>Death/Survivor Benefits</b>	Yes	Yes	Yes
Refund of account value or Life Annuity to survivor based on member's vesting status.			

# IDENTIFY EMPLOYEES ELIGIBLE FOR TFFR

- Licensed by ESPB

<https://www.nd.gov/espb/>

- Under Contract or Written Agreement
- J-1 Visa Employee
- Member Action Form
- Beneficiary Form
- Do you employ a TFFR retired member?
  - Call our office to see if they qualify
  - TFFR Retired Member Employment Notification form



Check address and  
social security numbers



# J-1 VISA EMPLOYEE

- Non-immigrant visa issued by the United States
- All applicants must meet eligibility criteria and English language requirements
- Must be sponsored either by a university, private sector, or government program



# Member Action Form

NORTH  
**Dakota**

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## MEMBER ACTION (001)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 50981 (2-2022)

**Please see reverse side for important information on death benefits, naming a beneficiary, and purchasing refunded service credit.**

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number. Penalty for not including the social security number may cause the form to not be processed.

Name (First, Middle, Last) Jane Marie Doe		Social Security Number XXX-XX-XXXX	Gender f	Date of Birth XX-XX-XXXX
Primary Mailing Address 110 Rolling Hills Dr		City Somewhere	State ND	ZIP Code (9-digit) 12345-6789
Married <input checked="" type="checkbox"/> Single <input type="checkbox"/>	Maiden Name Fawn	Name of Spouse (First, Middle, Last) John Buck Doe		Gender M
School District /Employer 12-345	Work Telephone Number 701-123-4567	Primary Telephone Number 701-891-2345	E-mail Address janemdoe@k12.nd.edu	
1. I have a current ND teaching license. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Substitute teacher license not acceptable) License # XXXXXX Exp. Date xx/xxxx				
2. I have a contract or other written employment agreement with the employer named above. <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. I am (Check only one): <input checked="" type="checkbox"/> New, first time TFFR member. Complete #4 and a TFFR Designation of Beneficiary Form <input type="checkbox"/> Active TFFR member changing or adding an employer. <input type="checkbox"/> Inactive TFFR member returning to covered employment. <input type="checkbox"/> Refunded TFFR member returning to covered employment. Complete #4 <input type="checkbox"/> On a leave of absence for school year(s) _____ <input type="checkbox"/> Returning from a leave of absence effective _____ <input type="checkbox"/> Retired TFFR member returning to covered employment under Exception B-Benefit Suspension and Recalculation. Under all options, please complete a separate TFFR Designation of Beneficiary form, SFN 10341, to name or update your designated beneficiary.				
4. I have previous ND employment covered by the Public Employees Retirement System (PERS). <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____ When _____ I have previous ND employment covered by the Highway Patrol Retirement System (HPRS). <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____ When _____				

Member's Signature

### 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

I certify the above information is an accurate description of my employment status and TFFR plan participation. I have also read and understand the information on the reverse side.

Signature of Member

SIGN HERE

Date

11/2/2022

# Designation of Beneficiary Form



## DESIGNATION OF BENEFICIARY (020)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 10341 (2-2022)

**Please see reverse side for instructions and important information on naming a beneficiary(ies) and death benefits available.**

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number. Penalty for not including the Social Security number may cause the form to not be processed.

Member Name (First, Middle, Last) Jane Marie Doe		Person ID 123456	Gender F	Birth Date XX-XX-XXXX
Primary Mailing Address 110 Rolling Hills Dr		City Somewhere	State ND	ZIP Code (9-digit) 12345-6789
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed	Maiden Name Fawn	Spouse Name (First, Middle, Last) John Buck Doe		Gender M
Work Telephone Number 701-123-4567	Primary Telephone Number 701-891-2345	E-mail Address janemdoe@k12.nd.edu		

Primary Beneficiary(ies)	Relationship	Social Security Number	Date of Birth	Gender	% Share	Address or Telephone Number
John Buck Doe	spouse	xxx-xx-xxxx	xx/xx/xxxx	M	100	xxx-xxx-xxxx
Total must equal					100%	

Contingent Beneficiary (ies) (Optional)	Relationship	Social Security Number	Date of Birth	Gender	% Share	Address or Telephone Number
Little Fawn	daughter	xxx-xx-xxxx	xx/xx/xxxx	F	50	xxx-xxx-xxxx
John Doe Jr	son	xxx-xx-xxxx	xx/xx/xxxx	M	50	xxx-xxx-xxxx
Total must equal					100%	

<b>Spousal Consent</b>
If you are married and designate a beneficiary other than your spouse, your spouse must consent in writing to the alternate beneficiary (NDCC 15-39.1-17).
I have read and understand the death benefit information on the reverse side. I consent to the above named beneficiary(ies) designated by the above named TFFR member.
Signature of Member
Date

<b>Member's Signature</b>
I have read and understand the death benefit information on the reverse side. I designate the above named beneficiary(ies) to my TFFR account.
Signature of Member
Date 11/2/2022

### RETURN TO:

ND Retirement and Investment Office  
PO Box 7100  
Bismarck ND 58507-7100

Telephone: 701-328-9885  
Fax: 701-328-9897  
Toll free: 800-952-2970  
Email: rio@nd.gov

This form is available in an alternate format upon request.



To Do...



Check address and  
social security  
numbers



Check software to  
make sure  
everyone is added

# EMPLOYING A RETIRED TEACHER

- Retired teachers may return to TFFR covered employment with limitations
  - 9 Month (or less) Contract – 700 hour maximum
  - 10 Month Contract – 800 hour maximum
  - 11 Month Contract – 900 hour maximum
  - 12 Month Contract – 1,000 hour maximum
- BOTH the Retiree and Employer must notify TFFR by completing a [TFFR Retired Member Employment Notification](#) form within 30 days of employment
- Also submit a copy of the retiree's contract or employment agreement
- Employer and Member Contributions must be paid on all salary paid to the retiree
- Reportable salary includes regular teacher pay, extra-curricular, in-staff subbing (**currently is being waived by the Board INDEFINITELY**), and professional development
- Reportable Salary NOT subject to hourly limitations
  - Extra Curricular
  - Professional Development
- **We strongly encourage the TFFR member to contact our office prior to reemployment**

- Failure to notify TFFR or pay correct contributions will result in a \$250 penalty and loss of one month of retirement benefits for the member



# Retired Member Employment Notification Form



## TFFR RETIRED MEMBER EMPLOYMENT NOTIFICATION (330) NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE TEACHERS' FUND FOR RETIREMENT DIVISION SFN 52161 (2-2022)

**General Information:** State statutes (NDCC 15-39.1-19.1) allow a retired TFFR member to return to TFFR-covered employment under certain employment limitations. A summary of retiree employment options is outlined on the reverse side of this form. This form, along with a copy of the retiree's contract or employment agreement, must be submitted to the administrative office within 30 days of the retiree's return to covered employment each year the retiree is employed.

### Section 1: Completed by Retiree

Name of Retiree (First, Middle, Last) Jane Elenore Doe	Person ID 987654	Telephone Number XXX-XX-XXXX	Retirement Date June 15, 2022
Employer Best School	Position/Subject Elementary Teacher	Post Retirement – first day of work xx/xx/xxxx	Post Retirement – last day of work xx/xx/xxxx
Number of Compensated Hours (Exclude Extra Curricular) 600	Salary (Include Extra Curricular) \$40,000	Were you employed during the previous fiscal year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Employer: Second Best School Position: elementary teacher

Select only one option for July 1 2022 - June 30 2023 fiscal year:

☒ General Rule - Annual Hour Limit

9 month contract = 700 hours  
10 month contract = 800 hours  
11 month contract = 900 hours  
12 month contract = 1,000 hours

☐ Exception A – Critical Shortage Area (CSA)

Approved CSA ☐ Yes ☐ No ☐ Subject Area ☐ Geographic

ESPB Signature	Date
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☐ Exception B – Benefit Suspension and Recalculation

Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐

Approximate date annual hour limit is reached (first year only)


I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employment limitations and the payment of employee contribution requirements. The above information is a complete and accurate description of my employment arrangement. I will notify TFFR of any change in the employment relationship.

Signature of Retiree Jane Doe		Date 10/10/2022
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### Section 2: Completed by Employer

Employer Name Best Public School	Employer Number 10-001	Telephone Number 701-123-4567	Written Employment Agreement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach.
Business Manager Name Jane Smith	Superintendent Name Jim Allen		

I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employer reporting requirements including payment of employee and employer contributions on all retirement salary paid to a retiree based on our employer payment model. The above information is a complete and accurate description of the employment arrangement with the retired TFFR member. I will notify TFFR of any change in the employment arrangement.

Signature of Employer Jim Allen		Date 10/10/2022
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### 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

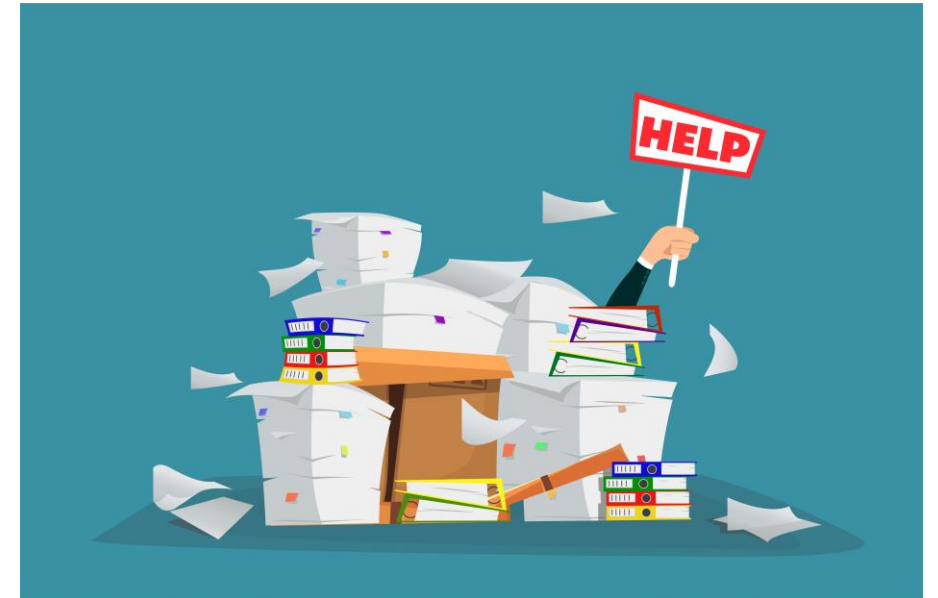
this form is available in an alternate format upon request.

### RIO Use Only

Letter Sent
Benefits Continues <input type="checkbox"/> Y <input type="checkbox"/> N
Benefits Suspended
Form Filed Within 30 Days <input type="checkbox"/> Y <input type="checkbox"/> N

# FORMS

- Employer Demographics and Payment Plan Model
- Certification of Member Employment
- Salary Verification – Pending Retiree





# Employer Demographics and Payment Plan Model Form



## EMPLOYER DEMOGRAPHICS AND PAYMENT PLAN MODEL (800)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT

SFN 7894 (2-2022)

Employer Name		Employer Number (5-digit)
Street Address		
PO Box	Telephone Number	Fax Number
City	State	ZIP Code
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)	Preparer's Email Address	

Please review the [TFFR Employer Guide](#) 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 <input type="text"/> (year)
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### Model Selected (check one)

- ☐ Model 0 Employer withholds and remits taxed member contributions.  
Percent Paid by Member - Taxed 11.75%
- ☐ Model 1 Employer withholds and remits ALL 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       % (Up to 11.75%)  
Percent Paid by Member - Tax Deferred       % (Balance)
- ☐ 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 Member - Tax Deferred 7.75 % (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.

### 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](mailto:rio@nd.gov)

This form is available in an alternate format upon request.

Authorized Signature of Employer	
Title	
Date	Date Change Goes Into Effect

# Certification of Member Employment Form



## CERTIFICATION OF MEMBER EMPLOYMENT (120)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 11732 (2-2022)

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This form is needed for members who are requesting death, disability, retirement, or refund benefit claims. After the TFFR member has concluded teaching duties, complete this form. See reverse side for instructions. Attach a copy of the member's contract and any comments you wish to make.

### Member Employment:

Name of Member (First, Middle, Last)		
Fiscal Year Certified 07-01- through 06-30-	Person ID (For office use only)	Date of Birth
First Date of Work for Fiscal Year Certified	Last Date of Work for Fiscal Year Certified	Number of Compensated Hours (700 maximum)

### Monthly Report for Certified Fiscal Year:

Month	(1) Contract/Additional TFFR Salary	(2) Retirement Salary	(3) Taxed Member Contributions	(4) Tax Deferred Member Contributions	(5) Employer Contributions
July					
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
Total					
Column (3) + (4) must equal 11.75% of Column (2)				Column (5) must equal 12.75% of Column (2)	

Name of Employer	Employer Number (5-digit)
Employer Payment Plan Model <input type="checkbox"/> Model 0 <input type="checkbox"/> Model 1 <input type="checkbox"/> Model 2 Partial _____ % of Employee Pickup <input type="checkbox"/> Model 2 Full <input type="checkbox"/> Model 4	
Signature of Business Manager	Date Telephone Number

### 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

### RIO Use Only.

<input type="checkbox"/> Retirement	<input type="checkbox"/> Survivor
<input type="checkbox"/> Refund	<input type="checkbox"/> Correction
<input type="checkbox"/> Disability	<input type="checkbox"/> Other

This form is available in an alternate format upon request.

# Salary Verification Form

- Estimated last day worked is after all employment
- Do the best you can to estimate what salary is left to report
- Use the middle section for additional salary
- Send documentation on any extra salary over \$1,000
- Make sure to complete the employer payment plan model section
- Sign the form
- Call if you have any questions on how to complete this form
- Send to TFFR as soon as possible

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## SALARY VERIFICATION – PENDING RETIREE (126)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 59158 (2-2022)

**Member:** Take this form to your employer's business manager or payroll office for completion. Discuss with them any anticipated leave without pay and/or any extra duties that may affect your current salary.

**Business Manager:** Please complete this form for a TFFR member who is retiring. List base contract salary and detail any salary additions or reductions by month. Include any salary to be earned or lost in the appropriate month. Additional pay must be documented. Please include copies of all pay documentation (contracts, board minutes authorizing payment, etc.) and any other documentation that will assist TFFR in verifying the member's current salary. Report eligible TFFR salary only.

Member Name <b>Jane Doe</b>		Person ID (For office use only)	Fiscal Year 07-01- 21 through 06-30- 22
Annual Base Contract Salary <b>60,000</b>		Number of Payments 9, 10, 12, 26	
Estimated Last Day Worked <b>5/28/2022</b>		Estimated Number of Compensated Hours 700	
Month	Base Contract	Additions/Reductions to Base Contract (Do not list ineligible TFFR pay—Ex: unused leave, bus driving, etc.)	Total Eligible Contract Salary (Do not include TFFR pickup)
<i>Example</i>	\$3,000	\$1,000 BB Coaching; \$500 Curriculum Writing; -\$230.50 Leave W/out Pay	\$4,269.50
July			
August			
September	\$5,000		\$5,000
October	\$5,000	\$3,000 Cross Country Coaching	\$8,000
November	\$5,000		\$5,000
December	\$5,000	\$125.00 In-staff subbing	\$5,125
January	\$5,000	\$62.50 In-staff subbing	\$5,062.50
February	\$5,000		\$5,000
March	\$5,000		\$5,000
April	\$5,000		\$5,000
May	\$5,000		\$5,000
June	\$15,000	June, July, August payments	\$15,000
Total Estimated Eligible Contract Salary for Fiscal Year			\$

Name of Employer <b>Best Public School</b>		Employer Number (5-digit) <b>12-345</b>
Employer Payment Plan Model <input type="checkbox"/> Model 0 <input type="checkbox"/> Model 1 <input checked="" type="checkbox"/> Model 2 Partial <b>9.75</b> % of Employee Pickup <input type="checkbox"/> Model 2 Full <input type="checkbox"/> Model 4		
Signature of Business Manager		Date <b>02/10/2022</b> Telephone Number <b>701-123-4567</b>

### 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

# TFFR WEBSITE

Home | Retirement Investment C x +

https://www.rio.nd.gov


North Dakota nd.gov Official Portal for North Dakota State Government

NORTH Dakota Retirement and Investment Be Legendary.™


Enter Keywords


Home About TFFR Members TFFR Employers TFFR Login Investments Contact


RIO has Moved! Our New location is within the Workforce Safety & Insurance Building at 1600 East Century Avenue, Suite 3. Our mailing address will remain unchanged at PO Box 7100. We look forward to sharing our new space with you!



**Welcome to the North Dakota Retirement and Investment Office (RIO).** RIO administers two state programs - the Teachers' Fund for Retirement (TFFR) program and the State Investment Board (SIB) program. Use this website for information about these two important programs. See below for agency news and events.

 **TFFR MEMBERS**

 **TFFR EMPLOYERS**

 **TFFR LOGIN**



Any  
Questions

# TFFR INFORMATION

TFFR website: [www.rio.nd.gov](http://www.rio.nd.gov)

## TFFR Employer Information

- Employer reporting, employing retirees, GASB 68 info, FAQs:  
<https://www.rio.nd.gov/teachers-fund-retirement-employers>

## Newsletters & Reports

- Newsletters, actuarial reports, & financial reports:  
<https://www.rio.nd.gov/newsletters-reports>

# TFFR CONTACT INFORMATION

- Phone: 701-328-9885 or 1-800-952-2970
- Email: [dcweeks@nd.gov](mailto:dcweeks@nd.gov)  
[tdvolkert@nd.gov](mailto:tdvolkert@nd.gov)  
[dleingang-sargeant@nd.gov](mailto:dleingang-sargeant@nd.gov)





Retirement and Investment

- 1600 E Century Ave, Ste 3
- PO Box 7100
- Bismarck ND 58507-7100
  
- Telephone: 701-328-9885
- Toll Free: 800-952-2970
- Fax: 701-328-9897
- Email: [rio@nd.gov](mailto:rio@nd.gov)
- Website: [www.rio.nd.gov](http://www.rio.nd.gov)