

Welcome!

The TFFR Info Mixer will start at 4:00 p.m. and 10:00 a.m.

Once we begin, we invite you to turn your video on so we can do introductions. Once the presentation starts, we ask that everyone turn their video off and mute themselves. We will give instructions for asking questions.

NORTH
Dakota Be Legendary.™

Retirement and Investment

A dark grey background featuring a collage of white, chalk-like sketches of various educational items. These include a globe on the left, a stack of books at the top left, a microscope on the right, and several geometric shapes like triangles and rectangles scattered throughout.

A Teacher is Retiring . . .

What does TFFR need?

The teacher submits the Retirement Application form to the TFFR office at least 120 days prior to retirement.

- It is the responsibility of the teacher to send in the Retirement Application.

SECTION A - PERSONAL INFORMATION

Disclaimer - Please read the TFFR Retirement Guide before completing the application. Purchase of service credit must be complete before you retire. 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 application to not be processed.

Social Security Number	Person ID	Date of Birth	
Name (Last, First, MI)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Mailing Address	City	State	ZIP Code (9-digit)
Work Telephone Number	Primary Telephone Number (home/cell)		
Work Email Address	Personal Email Address		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Name of Spouse (Last, First, MI)	Spouse's Social Security Number	Spouse's Date of Birth

SECTION B - EMPLOYMENT INFORMATION (Complete if active TFFR member)

Name of Current TFFR Employer(s)	Last Day of Employment
I am not under contract with a North Dakota public school or state institution for the upcoming school year. I am not on a leave of absence or teaching summer school or driver's education.	
If the last day of employment is the 1 st – 14 th , the retirement date is the 15 th day of month. If the last day of employment is the 15 th – 31 st , the retirement date is the 1 st of the following month.	

SECTION C - REGULAR RETIREMENT INFORMATION

Retirement Date	<input type="checkbox"/> I am also interested in the Partial Lump Sum Option (PLSO)	<input type="checkbox"/> I am also interested in the Level Income Option (include a Social Security benefit estimate)
-----------------	---	---

SECTION D - REQUIRED DOCUMENTS (Send legible photocopies with application. Do not send originals.)

- ☐ Member's proof of age (send one) - Passport, Birth Certificate, Baptismal Certificate, Military Discharge, or Real ID
- ☐ Beneficiary's proof of age - if selecting a Joint and Survivor Option (send one listed above)
- ☐ Teaching contract(s) for current school year - including extracurricular activity pay or additional salary
- ☐ Salary Verification - Pending Retiree Form (found on website and completed by employer)
- ☐ Letter of resignation
- ☐ Employer's acceptance of your resignation
- ☐ Early Retirement Incentive Agreement (if applicable)

For office use only

<input type="checkbox"/> T1G	<input type="checkbox"/> T1NG	<input type="checkbox"/> T2	BN
<input type="checkbox"/> Age 70+	<input type="checkbox"/> HS	<input type="checkbox"/> Service	TW
<input type="checkbox"/> 415 Limit/Dual			DD
Date Email Sent	Dual Method	Option	
Date Enrollment Sent	T	M	Final Letter Sent <input type="checkbox"/>

SECTION E - DESIGNATION OF BENEFICIARY - If married and designate a beneficiary other than your spouse, your spouse must sign at the bottom of page 3 to consent to the alternate beneficiary (NDCC 15-39.1-17). See TFFR Retirement Guide for additional information.

Primary Beneficiary(ies)	Relationship	Social Security Number	Date of Birth	Gender	Share (total must equal 100%)	Telephone Number
Contingent Beneficiary(ies) (optional)	Relationship	Social Security Number	Date of Birth	Gender	Share (total must equal 100%)	Telephone Number

SECTION F - TAX WITHHOLDING (See TFFR Retirement Guide for additional information.)

Federal Income Tax Withholding

- ☐ 1) I elect **NOT** to have federal income tax withheld from my pension payment (Do not complete lines 2 or 3.)
- ☐ 2) I want federal income tax withheld from each periodic pension payment which is figured by using the number of allowances and marital status shown below. (You may also designate an additional dollar amount on line 3.)

Step 1: Marital Status ☐ Single ☐ Married ☐ Married, but withhold at higher single rate

Step 2: Number of Allowances (if left blank, 0 allowances will be used)

- ☐ 3) Additional amount, if any, you want withheld from each periodic pension payment (must complete line 2 to enter amount here) \$ _____

North Dakota State Income Tax Withholding

- ☐ 1a) I elect **NOT** to have North Dakota income tax withheld from my pension payment (Do not complete lines 2a or 3a.)
- ☐ 2a) I want North Dakota income tax withheld from each periodic pension payment based on the number of allowances and marital status shown on line 2 above.
- ☐ 3a) Additional amount, if any, you want withheld from each periodic pension payment (must complete line 2a to enter amount here) \$ _____

SECTION G - AUTHORIZATION FOR DIRECT DEPOSIT OF PERIODIC PENSION PAYMENTS

I authorize the North Dakota Teachers' Fund for Retirement (TFFR) and financial institution named on this form to initiate electronic fund transfer of my monthly retirement benefits to my account indicated below.

Account (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number	Payee's Account Number
--	----------------	------------------------

I authorize TFFR to initiate a reversal or debit entry for all or any portion of any credit entry made in error to the designated account, including but not limited to amounts transferred after my death. If the funds remaining in the designated account are insufficient to fully reimburse TFFR for any credit entry made in error, I authorize my financial institution to release to TFFR any information in its possession regarding the manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error.

This authorization must be received by TFFR ten (10) working days prior to the first of the month for the payment to be deposited. This authorization may be changed by completing a new Authorization for Direct Deposit.

FINANCIAL INSTITUTION INFORMATION U.S. Financial Institutions Only

Please Attach a Voided Check Here

(Deposit slips will not be accepted)

IF YOU DO NOT ATTACH A VOIDED CHECK OR IF DEPOSITING INTO A SAVINGS ACCOUNT, A REPRESENTATIVE FROM THE FINANCIAL INSTITUTION MUST COMPLETE SECTION BELOW AND SIGN.

Name of Financial Institution	Telephone Number
Financial Institution Signature	Date

SECTION H - SIGNATURES

I have read the instructions in the TFFR Retirement Guide prior to completion of this application. I understand the NDTFFR Retirement Application SFN 61500 should be submitted to NDTFFR 4 months prior to my retirement date. Failure to do so may result in a delayed retroactive payment. By accepting a monthly retirement payment, you are no longer eligible for a refund of your account value.

Member's Signature	Date
Spousal Consent to Alternate Beneficiary (if NOT named the Primary Beneficiary)	Date

COMPLETION OF STEP 1 OF THE TFFR RETIREMENT PROCESS

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



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

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 Jane Doe		Person ID (For office use only)	Fiscal Year 07-01- 21 through 06-30- 22
Annual Base Contract Salary 60,000		Number of Payments 9, 10, 12, 26	
Estimated Last Day Worked 5/28/2022		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 Best Public School		Employer Number (5-digit) 12-345
Employer Payment Plan Model <input type="checkbox"/> Model 0 <input type="checkbox"/> Model 1 <input checked="" type="checkbox"/> Model 2 Partial 9.75 % of Employee Pickup <input type="checkbox"/> Model 2 Full <input type="checkbox"/> Model 4		
Signature of Business Manager		Date 02/10/2022 Telephone Number 701-123-4567

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

IMPORTANT INFORMATION TO CONSIDER

- Teachers need to resign from ALL positions.
- To pay a member's first retirement check as soon as possible, TFFR will use the salary information provided by you to estimate their last salary and service credit. Retirement enrollment forms will be prepared using **90%** of the estimated salary information and sent to them for completion. Their retirement benefits will begin on the first day of the month of eligibility or retroactively.
- The salary, service credit, and last date of employment reported by you will be compared to the estimated information used in calculating their benefits. An adjustment to their monthly benefit will be made in the fall, retroactive to their retirement date.
- A retired teacher needs to be in payment with TFFR for 30 days before they can sign a contract to Return to Teach (includes extra-curricular duties.)

EMPLOYMENT AFTER RETIREMENT

- 30 calendar days must elapse from retirement date (not last day taught)
- Return to covered employment for maximum number of hours based on length of contract:
 - 9-month contract = 700 hours
 - 10-month contract = 800 hours
 - 11-month contract = 900 hours
 - 12-month contract = 1000 hours
- Non-contracted substitute teaching is unlimited
- Extracurricular duties and professional development do not count toward the limit



The annual hour limitation applies to ND public schools and state institutions covered by TFFR. It does not apply to ND public colleges and universities, private schools, employment outside of education, or out-of-state employment.

Employer and employee contributions are paid on all salary earned by the retiree.

Exceptions: Critical Shortage Area and Benefit Suspension and Recalculation

TFFR RETIRED MEMBER EMPLOYMENT NOTIFICATION (330)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 52161 (11-21)

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) John Doe		Person ID	Telephone Number 701-258-3697	Retirement Date 6/15/2022
Employer Best School	Position/Subject Elem Teacher	Post Retirement – first day of work 08/21/2022	Post Retirement – last day of work 05/26/2023	
Number of Compensated Hours (Exclude Extra Curricular) 649	Salary (Include Extra Curricular) \$26,000	Were you employed during the previous fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Employer: Position:	

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
----------------	------

☐ **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 <i>John Doe</i>	Date <i>8/15/2022</i>
---	--------------------------

Section 2: Completed by Employer

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

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 <i>Jane Smith</i>	Date <i>8/15/2022</i>
--	--------------------------

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



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
- Website: www.rio.nd.gov

TFFR INFORMATION

TFFR website: 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>

Contact Information

- Phone: 701-328-9885 or 1-800-952-2970
- Email: dcweeks@nd.gov
tdvolkert@nd.gov

