

DEFERRED RETIREMENT GUIDE

(Rev. 01-2024)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657 (701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920

https://www.ndpers.nd.gov/



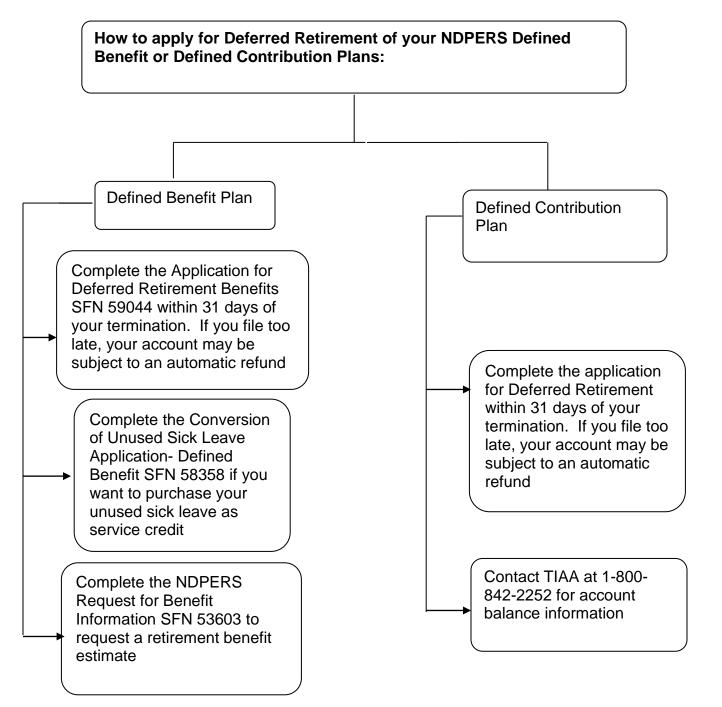
This publication contains information, forms, and instructions necessary for a terminating employee to apply for deferred retirement benefits administered by NDPERS under either the Defined Benefit or the Defined Contribution Plans and continuation of insurance. This publication is to be completed by BOTH the employer and employee.

This publication is intended to provide general information and may not be considered to be a legal interpretation of law. Statements contained in this publication do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board.

The information in this publication is subject to changes made by the North Dakota legislature, by the Board of the North Dakota Public Employees Retirement System (NDPERS), and its agents.

Żŧŧŧ

APPLY FOR DEFERRED RETIREMENT



Forms should be submitted to NDPERS by fax/pdf or original should be mailed.

Any forms that are not legible will require resubmission to NDPERS.

MEMBER ACCOUNT BALANCE OPTIONS



To be eligible for benefits listed below, you must terminate employment. The Administrative Code Chapter 71-02-01-01(24) states: "Termination of Employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

DEFINED BENEFIT PLAN:

MEMBER ACCOUNT BALANCE:

The member account balance consists of the monthly employee contributions, the vested portion of your employer contributions, any purchase payments received and interest. This interest is compounded monthly up to the time you receive a refund/rollover of your account or begin receiving a monthly benefit. The interest paid on your account is based on a rate established by the NDPERS Board and builds on a tax deferred basis. If you take a refund or rollover, your retirement funds will not be available until you have been terminated for approximately 60-90 days, subject to tax notification requirements. See "Special Tax Notice Regarding Plan Payments".

MEMBER ACCOUNT OPTIONS:

Option 1

You can choose to have your member account balance paid directly to you. If you choose this option, only 80 percent of the taxable amount of your member account balance is payable to you because NDPERS is required to withhold 20 percent of the payment for federal tax purposes. In addition, if you are under age 59 1/2, you may be subject to an additional 10 percent penalty for early withdrawal. If you choose this option, a "Refund/Rollover Guide" is required.

Option 2

You can choose to have all or a portion of your member account balance directly rolled over into an IRA or another employer plan. If you have all or a portion of the amount rolled over, any taxable amount not rolled over will automatically be mailed to you and subject to the taxes indicated in "Option 1". The portion rolled over is not taxed until you take it out of the IRA or other employer plan. (**NOTE:** Be sure to check to see if the other employer plan will accept a rollover from a 401(a) plan and request a letter of acceptance be forwarded to NDPERS from the named financial institution). If any portion of your rollover includes non-taxable income, then the letter of acceptance is required before your request will be processed. If you choose this option, a "Refund/Rollover Guide" is required.

Option 3

Whether vested or not, you can leave your member account balance intact with NDPERS and take a refund or rollover at a later date. Interest continues to compound monthly up to the time you receive a refund/rollover of your account. If you elect to leave your Member Account Balance intact with NDPERS, then you must complete a "NDPERS Deferred Retirement Guide".

Option 4 [This option is only available for vested members]

To be vested in a defined benefit program means that you have become legally entitled to a monthly benefit from NDPERS when you reach retirement age and terminate employment. Under NDPERS, you become vested at:

Retirement Plan	Months For Vesting
Disability	6
Main	36
Public Safety	
State Public Safety	
State National Guard	
State BCI agents hired before 8/1/2023	
Judges	60
BCI agents hired on or after 8/1/2023	120
Highway Patrol	

You can elect a Deferred Vested Benefit. Under this option, you leave your account with NDPERS and elect to receive a monthly benefit at a later date. The earliest age a member can begin to receive a monthly benefit may be either age 50 or age 55. Under the Deferred Vested Benefit Option, unreduced monthly benefits may begin at age 65 or by meeting the "Rule", whichever happens first. Interest continues to compound on your member account balance until you begin receiving a monthly benefit. If you choose this option you will need to complete a "NDPERS Deferred Retirement Guide".

Option 5

You are eligible to receive NDPERS retirement benefits upon termination of employment if:

Retirement Plan	Eligibility
Main Plan	EARLY RETIREMENT
	✓ age 55 or older and have 3 years of eligible service credit;
	or
	NORMAL RETIREMENT
	✓ meets the Rule of 85; (Rule of 90 with minimum age 60 for
	members hired on or after 01-01-2016)
	✓ attained age 65 while actively employed with a NDPERS
	participating agency.
Public Safety,	EARLY RETIREMENT
National Guard	✓ age 50 or older and have 3 years of eligible service; or
& BCI agents hired	NORMAL RETIREMENT
before 8/1/2023	✓ meets the Rule of 85
DOI 4 1 1 1	✓ attained age 55 and have 3 years of eligible service. ———————————————————————————————————
BCI Agents hired	EARLY RETIREMENT
on or after 8/1/2023	✓ age 50 or older and have 10 years of eligible service; or
	NORMAL RETIREMENT
	✓ meets the Rule of 85
ludges	✓ attained age 55 and have 10 years of eligible service. EARLY RETIREMENT
Judges	✓ age 55 or older and have 5 years of eligible service; or
	NORMAL RETIREMENT
	✓ meets the Rule of 85
	✓ attained age 65 while actively employed with a NDPERS
	participating agency.
Highway Patrol	EARLY RETIREMENT
g	✓ age 50 or older and have 10 years of eligible service; or
	NORMAL RETIREMENT (Max. age 60)
	✓ meet the Rule of 80
	✓ attained age 55 and have 10 years of eligible service.

Eligible service credit may include dual membership service.

See the NDPERS Group Retirement Plan handbook for specific information on early retirement reductions, meeting the "Rule", eligible service credit, and dual membership service.

You and your employer must complete a "NDPERS Retirement Guide".

If you are not vested, your member account balance is less than \$1,000 and you do not indicate you wish to leave your account intact, you will be issued a refund automatically upon termination.

CONVERTING UNUSED SICK LEAVE TO RETIREMENT SERVICE CREDIT:

To elect to convert your unused sick leave, the Conversion of Unused Sick Leave Application – Defined Benefit SFN 58358 <u>must be completed and received by NDPERS before the last day of the month in which you terminate employment or are no longer eligible to accrue sick leave hours.</u>

Why convert unused sick leave?

Converting unused sick leave means that NDPERS will use the balance of your unused sick leave hours at time of termination to offer you an additional number of months for retirement service credit that you may choose to purchase. People purchase additional service credit for the following reasons: 1) to obtain normal retirement or meet "Rule" 2) to increase the monthly benefit amount payable at regular retirement date or 3) obtain both.

Sick leave conversion with NDPERS is available to you, even if your employer pays out a portion of your sick leave at time of separation. Whether or not you choose to convert and purchase service using your remaining unused sick leave hours, your employer will still honor any unused sick leave payout agreement you have with them. Payout of unused sick leave at termination by an employer to an employee and converting unused sick leave with NDPERS are two different things. Please confirm any rules that may apply to unused sick leave payout with your employer.

<u>Purchase of Unused Sick Leave Conversion Process</u>

<u>Step 1:</u> To elect to convert your unused sick leave, the Conversion of Unused Sick Leave Application SFN 58358 <u>must be completed and received by NDPERS before the last day of the month in which you separate employment or are no longer eligible to accrue sick leave hours. If using pre-tax dollars for your purchase, please ask your Employer to complete Part F on the form. Please review the terms on the conversion application carefully.</u>

<u>Step 2:</u> You may purchase all or part of your unused sick leave for retirement service credit. One month of service credit may be purchased with NDPERS for each 173.3 hours of unused sick leave.

Number of unused sick leave hours	
	= Number of months eligible to purchase (rounded up)
173.3 (# of working hours in a month)	

Step 3: The cost to purchase sick leave is determined as follows:

Number of months eligible to purchase (rounded up)

X

Final Average Salary (FAS)

X

Plan Contribution Rate (16.26% for Main Plan Members)

=

Cost to Purchase Unused Sick Leave*

*After receiving a completed application, the final payment amount will be calculated by NDPERS and mailed to you. NDPERS will send you a request for payment, which will include a purchase payment election form, SFN 53757. If needed, a rollover form, SFN 52059, will also be included to complete your purchase.

Step 4: Complete all required forms and submit payment in full to NDPERS prior to deadline.

• Payment may be made either on an after-tax basis through personal check or pre-tax basis with qualified funds (457, 403(b), 401K, IRA, etc.) through direct rollover/transfer.

- You must return the purchase payment election form, SFN 53757, with a personal check for the retiree health insurance credit (RHIC) amount of the purchase, if applicable. If making the entire purchase payment with after-tax dollars, write a check for the full amount.
- If electing to rollover/transfer funds, you must work with your provider to complete the rollover form SFN 52059.
- The unused sick leave completed forms and payment(s) must be paid by the 15th of the month following the month of your termination.

```
2024 Required Contribution Rates:

16.26% = Main System
18.04% = Public Safety with Prior Service
15.80% = Public Safety w/o Prior Service
21.48% = State Public Safety
18.04% = State National Guard
30.40%* = State BCI
26.66% = Judges
37.14%** = Highway Patrol System

* 1/1/25 - 31.40% BCI
** 1/1/25 - 38.14% HP
```

FEDERAL LIMITATIONS:

Certain types of purchase payments may be subject to limitations established in the Internal Revenue Code Section 415(c). Current law may limit after-tax employee contributions into the retirement plan. NDPERS will notify you if federal limits apply to your purchase payment(s).

DEFINED CONTRIBUTION PLAN:

Deferred Member Account Balance

When you terminate employment, you can apply to defer your entire vested account balance. Under this option you leave your account balance with the Trustee Company until you either take it out as a lump sum or periodic distribution. If you choose this option you and your employer must complete a "NDPERS Deferred Retirement Guide".

Lump Sum Distributions

If you elect this option, your entire vested account balance will be paid to you as a lump-sum distribution. You may elect to roll this lump-sum distribution into an IRA or another eligible employer plan. If you choose this option you will need to complete a "NDPERS Refund/Rollover Guide" and a "Trustee Company Distribution Form", which you must obtain from NDPERS.

Periodic Distributions

If you elect this option, your vested account balance will be paid to you in monthly, quarterly, semiannual, or annual periodic payments until your account is exhausted. If you choose this option you will need to complete a "NDPERS Retirement Guide" and a "Trustee Company Distribution Form", which you must obtain from NDPERS.

Distributions will be subject to the following rules:

1.) Refund Distribution

Any taxable distribution paid by the Trustee Company directly to you will be subject to mandatory Federal income tax withholding of 20% of the requested distribution. You cannot elect out of this tax withholding but you can avoid it by electing a direct rollover distribution. This withholding is not a penalty but rather a prepayment of your Federal income taxes, although there may also be an IRS penalty assessed in certain circumstances. If you are under age 59 1/2 at the time the distribution occurs, you may be subject to a 10% penalty at the time you file your income tax return for the year you took the distribution.

2.) Direct Rollover Distribution

As an alternative to a cash distribution, you may request that your entire distribution be rolled directly into a Traditional IRA or another eligible employer's plan (if it accepts rollover contributions). Federal income taxes will not be withheld on any direct rollover distribution.

- a.) Rollover to an IRA You must complete a Qualified Plan Distribution Form and indicate the name and address of the custodian or trustee, and account number for your Traditional IRA. After authorizing your distribution, NDPERS will forward the form to the Trustee Company. A check will be issued by the Trustee Company payable to the IRA custodian or trustee for your benefit. The check will contain the notation 'Direct Rollover' and it will be mailed directly to you. You will be responsible for forwarding it on to the custodian or trustee. You must provide NDPERS with complete information to facilitate your direct rollover distribution.
- b.) Rollover to Another Eligible Employer Plan You should check with your employer to determine if its plan will accept rollover contributions. If allowed, then you must complete a Qualified Plan Distribution Form and indicate the name, address and plan number of your employer's qualified plan. After authorizing your distribution, NDPERS will forward the form to the Trustee. A check will be issued by the Trustee Company payable to the trustee of your eligible employer plan. The check will contain the notation 'Direct Rollover' and it will be mailed directly to you. You will be responsible for forwarding it on to the new trustee. You must provide NDPERS with complete information to facilitate your direct rollover distribution.

3.) Combination Refund Distribution and Direct Rollover Distribution

You may request that part of your distribution be paid directly to you and the balance to be directly rolled into a traditional IRA or another eligible employer Plan. Any cash distribution you receive will be subject to the Federal income tax withholding rules referred to in the "Special Tax Notice Regarding Plan Payments" section of this Guide.

You will pay income tax on the amount of any taxable distribution you receive from the Plan unless it is rolled into a traditional IRA or another eligible employer Plan. A 10% IRS premature distribution penalty tax may also apply to your taxable distribution unless it is rolled into an IRA or another eligible plan. The 20% Federal income tax withheld under this section may not cover your entire income tax liability, so you may choose to complete IRS Form W-4R to withhold a greater amount.

If your vested account balance is less than \$1,000, the entire amount will be automatically distributed to you unless you request in writing that the vested account balance remain in the Plan within 120 days after termination.

DEFINED BENEFIT & DEFINED CONTRIBUTION:

ADMINISTRATIVE REQUIREMENTS FOR REFUNDS/ROLLOVERS

Upon termination of employment, you must complete a "NDPERS Refund/Rollover Guide". Defined Contribution Plan members must also complete a "Trustee Company Distribution Form", which you must obtain from NDPERS.

<u>DEFINED BENEFIT PLAN:</u> Refunds and direct rollovers will not be issued until you have been off your employer's payroll system for approximately 60 to 90 days, subject to Federal and North Dakota State laws.

<u>DEFINED CONTRIBUTION PLAN:</u> Refunds and direct rollovers will not be issued until you have been off your employer's payroll system for approximately 45 to 60 days, subject to Federal and North Dakota State laws.

By receiving a refund/rollover distribution of your member account balance you forfeit all service credit to the date of the distribution, as well as:

- Retirement Benefits
- Disability Benefits
- Non-Vested Employer Contributions
- Retiree Health Credit
- Dakota Plan Health Insurance Coverage*
- Dental Insurance Coverage*
- Vision Insurance Coverage*

Your termination must be bona fide. This means there is no indication that you will return to NDPERS-covered employment as of the date of your termination. NDPERS does not permit inservice distributions.

Should you become re-employed with a participating employer prior to receiving your distribution, no refund or direct rollover will be issued and your retirement account will pick up where it left off with your previous employer. Any NDPERS benefits available through your new employer will be reinstated at the same coverage levels as you had with your previous employer.

Consult with your tax advisor for further details.

^{*} If you are participating in any of these benefits at termination, COBRA continuation is available for 18 months following loss of coverage as an active employee.

This Page is Intentionally Blank

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Revised 1/2023

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the North Dakota Public Employee's Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account in some employer plans that is subject to special tax rules). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section. Please note that all references to spouse in this notice are references to the term spouse according to the federal law, which defines spouse as any lawfully married spouse, same or opposite sex.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½, unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), after age 73 (if you were born on or after January 1, 1951), or after death
- Corrective distributions of contributions that exceed tax law limitations
- Distributions of certain premiums for health and accident insurance

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)
- Payments from a governmental plan made after you separate from service if you are a
 qualified public safety employee and you are at least age 50 or have 25 years of service in the
 year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments of up to \$5,000 made to you from a defined contribution plan if the payment is a qualified birth or adoption distribution

- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year)
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after separation from service if you will be at least age 55 in the year of the separation (or age 50 or 25 years of service for qualified public safety employees) does not apply.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for payments from an IRA, including: (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

You can elect to rollover after-tax contributions to an IRA or another employer plan that will accept the contributions. If your rollover includes after-tax contributions, NDPERS will require a letter of acceptance from the financial institution that the rollover is to be sent to. **The letter of acceptance must indicate that they will accept the after-tax portion of the rollover**. You may also want to request information from the financial institution regarding how the record-keeping for the funds will be handled once the funds are deposited.

If NDPERS does not receive this letter of acceptance within 6 months from the date your rollover application is received, NDPERS will process the rollover by sending the taxable portion to the financial institution and the after-tax contributions to you at your mailing address.

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the payment made to you and at the same time the rest is paid to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

Similarly, if you do a 60-day rollover to an IRA of only a portion of a payment made to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If your payment is from a governmental section 457(b) plan

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences include that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid as premiums to an accident or health plan (or a qualified long-term care insurance contract) up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

If you roll over the payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs), and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a Plan participant

<u>Payments after death of the participant</u>. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born

on or before January 1, 1936" applies only if the deceased participant was born on or before January 1, 1936.

If you are a surviving spouse

If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949), or after age 73 (if you were born on or after January 1, 1951).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½ (if the participant was born before July 1, 1949), age 72 (if the participant was born after June 30, 1949), or after age 73 (if the participant born on or after January 1, 1951).

If you are a surviving beneficiary other than a spouse.

If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

<u>Payments under a qualified domestic relations order</u>. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in:

IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from to Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

This Page is Intentionally Blank

CONTINUATION OF INSURANCE COVERAGE (COBRA) Retiring or Terminating Employees

Revised 11/2023

Please read this information carefully. You should retain this notice for your records.

Please disregard this notice if: 1. you transferred employment to another NDPERS covered employer, or 2. you are still employed with your current employer and just experienced a change in your employment status.

As a result of a recent "Qualifying Event", your insurance coverage has or will terminate. Under the Federal Consolidated Omnibus Budget Reconciliation Act (COBRA), you and/or your covered dependents that are losing coverage are entitled to continue your group insurance coverage under the plan sponsored by your employer beyond the date coverage would normally end. You may have already made an election; however, we are required by federal law to provide you this notice for your records.

You and/or your covered dependents that are losing coverage are "Qualified Beneficiaries". A family member added to the covered employee's contract due to marriage or birth or placement for adoption during a period of continuation coverage will also be deemed a qualified beneficiary for COBRA purposes. The spouse or child must be added to COBRA coverage within 31 days from the date of the qualifying event.

As qualified beneficiaries, you and/or your eligible dependents losing coverage are entitled to continue the same group insurance coverage that you had on the day before the qualifying event (provided that the company has not eliminated the policy or changed insurance carriers since the qualifying event). Additionally, you are also entitled to COBRA continuation coverage if you have other insurance coverage *prior* to electing COBRA coverage (including entitlement to Medicare).

Under the law, you have a 60-day election period during which you must inform your employer in writing or by completing an application that you want continuation coverage. This election period begins on the later of (1) the date you lose coverage due to the qualifying event or (2) the date you are provided your COBRA notification. If you are or become mentally or physically incapacitated during this election period, an appointed guardian or responsible party may elect and/or pay for COBRA continuation coverage on your behalf. If you choose COBRA continuation coverage, your election is considered made on the date you send your application and payment to the Plan Administrator.

PLAN OR BENEFIT CHANGES

If you elect continuation coverage, you will receive the same level of benefits under the plan as similarly situated active employees. Plan benefits may be modified or amended during the period of continuation coverage that may result in a change of premiums in accordance with federal COBRA regulation. As a qualified beneficiary, you are entitled to the same open enrollment rights as active employees. This includes special enrollment rights such as adding coverage for newly acquired family members.

Please be advised that notification to an individual, who is a qualified beneficiary as the spouse of a covered employee, shall be considered notification to all other qualified beneficiaries residing with such spouse at the time such notice is made.

HIGH DEDUCTIBLE PLAN MEMBERS

If you participate in the NDPERS High Deductible Health Plan with a Health Savings Account (HSA) and terminate employment, NDPERS is not responsible for any further employer contributions to your HSA. However, prior to depleting your funds or closing your account, please contact NDPERS to verify that all contributions have been deposited.

OTHER COVERAGE OPTIONS

There may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Medicare, or other group plan coverage options (such as a spouse's plan) through what is called a "special enrollment period". Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based insurance coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice it can be difficult or impossible to switch to another coverage option.

Additional details on the Health Insurance Marketplace is provided later in this notice.

CONTINUATION PERIOD

Your Qualifying Event entitles you and/or your covered dependents to continue coverage for the period of 18 months if you are qualifying due to the member's termination of employment or reduction in hours. This period begins on the date your coverage under the group insurance plan would normally cease as a result of the Qualifying Event. If you have signed an Early Retirement Agreement, whereby your employer will pay the premiums for a specified period of time, any portion of employer paid premium is counted towards the 18 months of COBRA continuation coverage.

Continuation coverage may end before the maximum continuation period in certain circumstances, such as failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

EXTENDED COBRA CONTINUATION COVERAGE PERIOD

Any qualified beneficiary in connection with a qualifying event may be entitled to an extension of continuation coverage from 18 to 29 months if an individual is determined under Title II or XVI of the Social Security Act to have been disabled at any time during the first 60 days of COBRA continuation coverage. The disability extension applies only if any of the qualified beneficiaries provides notice to the plan administrator of the disability determination within 60 days after the date the determination is issued and before the end of the original 18-month maximum coverage period. The affected individual must also notify NDPERS within 31 days of any final determination that the individual is no longer disabled. The disability extension applies separately to each qualified beneficiary including non-disabled family members who are qualified beneficiaries due to the termination or reduction in hours of employment.

In addition, if you are the spouse or dependent of an employee who has been terminated from employment or whose hours of employment have been reduced, you may receive an extension of continuation coverage if a second qualifying event occurs (such as employee death, divorce, legal separation, employee Medicare entitlement or losing dependent status under the Plan) during the original 18-month continuation coverage period. In such a case, the original 18-month period (or 29-month period, in the case of a disability extension) is expanded to 36 months. This extension applies only if the Plan Administrator is notified in writing within 60 days of the second qualifying event and within the original 18 or 29-month coverage period. This extension applies to individuals who are qualified beneficiaries as a result of the first qualifying event and who are still qualified beneficiaries at the time of the second qualifying event. A reduction in hours followed by a termination of employment is not considered a second qualifying event for COBRA purposes.

For more information about extending the length of COBRA continuation coverage, visit https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/anemployees-guide-to-health-benefits-under-cobra.pdf.

PREMIUMS FOR COBRA CONTINUATION COVERAGE

You will be charged 102% of the applicable group premium rate for the level of coverage you select. Unless you expressly elect otherwise, the coverage to be continued will be that which you and/or your dependents (if any) had on the day before the qualifying event. However, be aware that each qualified beneficiary has

independent COBRA election rights. The initial premium for continuation coverage must be made within 45 days of your COBRA election.

Insurance rates are subject to change. Contact the NDPERS office for premium information and additional details. The initial premium for continuation coverage must be made within 45 days of your COBRA election.

Your continuation coverage will not be effective until the initial premium payment is received. If the initial premium payment is not made within the indicated period, you will forfeit your right to continuation coverage. Subsequent monthly premium payments are due and payable on the 1st day of each month for that month's coverage. Pursuant to COBRA law, your continuation coverage will be terminated if your premium is not received by the last day of the month for which coverage was due.

MARKETPLACE INSURANCE COVERAGE

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace, you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Marketplace may cost less than COBRA continuation coverage. Being offered continuation coverage won't limit your eligibility for coverage or for a tax credit through the marketplace.

You have 60 days from the time you lose your job-based coverage to enroll in the Marketplace as a "special enrollment" event. **After 60 days, your special enrollment period will end, and you may not be able to enroll.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

ENROLLMENT IN ANOTHER GROUP PLAN

You may be eligible to enroll in coverage under another group plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group plan for which you are eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

If you need a Certificate of Coverage (COC), please contact your insurance carrier for health and dental insurances. For vision, please contact your employer for verification of coverage.

ENROLLMENT IN MEDICARE

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of

- The month after your employment ends, or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or

before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information, visit https://www.medicare.gov/medicare-and-you.

HOW TO ELECT COBRA CONTINUATION OF INSURANCE COVERAGE

- Obtain and complete by following the instructions on the 'CONTINUATION OF GROUP INSURANCE COVERAGE (COBRA) SFN 14120' and return it to the NDPERS office before the Election Period Expiration Date. The form can be found on the NDPERS website at www.ndpers.nd.gov.
- Pay the initial premium required for COBRA continuation coverage within forty-five (45) days of your COBRA election date. See the Premiums for COBRA Continuation Coverage section. You're responsible for making sure that the amount of your first payment is correct. Please contact NDPERS to confirm the correct amount of your first payment.

TERMINATION OF CONTINUATION COVERAGE

You may lose your continuation coverage before the end of your maximum coverage period for any of the following reasons:

- 1. If any required premium is not paid in a timely manner, coverage will cease for you and your qualified beneficiaries.
- 2. If you or any of your qualified beneficiaries become covered under another group insurance plan after the date of COBRA election that does not contain any applicable exclusion or limitation with respect to any pre-existing condition.
- 3. If all of our group insurance plans are terminated (including successor plans), coverage will cease for you and your qualified beneficiaries.
- 4. If coverage was extended to 29 months due to a disability, coverage will cease if there is a determination that the individual is no longer disabled. Please note: Federal law requires that you inform the plan administrator within 31 days of a final determination that the individual is no longer disabled.
- 5. If you or your qualified beneficiaries become entitled to coverage under Medicare after the date of COBRA election, coverage will cease for each individual so eligible. If you are age 65 or over and receive or have applied for Social Security (or qualify for Social Security at an earlier age due to a disabling condition) you are considered to be entitled to Medicare.
- 6. If you request cancellation of COBRA continuation coverage in writing. Cancellation requests are only prospective from the date NDPERS receives such request.
- 7. If the group insurance plan terminates the coverage for cause for similarly situated active employees, then the qualified beneficiary's coverage can be terminated on the same basis (such as for submission of fraudulent claims, etc.).

IMPORTANT: The plan is required to make a complete response to any inquiry from a insurance provider regarding your right to coverage under the plan during the election period. Similar requirements exist to provide the status of COBRA coverage inquiries made by insurance care providers during any applicable premium payment grace periods. If you elect the continuation coverage, the initial payment will cover the first period of continuation coverage beginning immediately after the date that your coverage under the group insurance plan ceased. Please see <u>Premiums for COBRA Continuation Coverage</u> section of this document.

MORE INFORMATION

For more information about your rights under COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at http://www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

ADDRESS CHANGES

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy in any notices you send to the Plan Administrator.

This Page is Intentionally Blank

NDPERS HEALTH INSURANCE For Refunds, Rollovers and Deferred Retirement Accounts

Are you (and your dependents) currently covered under NDPERS health coverage?

| STOP - if you did not have NDPERS health coverage as an active employee you are not eligible to be covered under NDPERS health insurance Coverage (COBRA) SFN 14120 to continue or decline coverage

DAKOTA PLAN PPO/Basic and High Deductible Health Plan (HDHP)



This is information regarding your eligibility for the NDPERS group health coverage under the Dakota Plan. The plan is underwritten by Sanford Health Plan (SHP).

COBRA COVERAGE:

Upon termination of employment, your NDPERS health coverage will continue to the end of month following the month of your separation from employment. You and your covered dependents may apply for COBRA coverage within 60 days of your separation of employment if you and your covered dependents were enrolled in the NDPERS health plan at time of separation.

You will have the option to continue COBRA coverage for a maximum period of 18 months. COBRA coverage will be terminated if:

- ✓ You or your covered dependents become eligible for an employer-sponsored health plan
- ✓ You or your eligible dependents become enrolled in Medicare.

The following COBRA premiums are in effect through June 30, 2025:

State Agencies	Single \$806.62	Family \$1,945.26
Political Subdivisions enrolled prior to July 1, 2023:	011.	5
Grandfathered Non-Grandfathered	Single \$861.82 \$874.92	Family \$2,083.36 \$2,115.06
Political Subdivisions enrolled after July 1, 2023:	0'	5
Premiums from July 1, 2023 to June 30, 2024:	Single	Family
Non-Grandfathered	\$852.24	\$2,060.14
Premiums from July 1, 2024 to June 30, 2025: Non-Grandfathered	\$897.60	\$2,169.98

If you are a family of two on the health insurance, it may cost less for you to split your coverage into two separate contracts during the 18-month COBRA period. Please contact your NDPERS counselor for further details and to discuss if this option is best for you.

High Deductible Health Plan (HDHP):

If you are an active state employee covered on the High Deductible Health Plan (HDHP) at the time you terminate, your coverage in this plan will continue while you are on COBRA. You will have opportunity to discontinue your participation in the HDHP plan and switch to the PPO/Basic Plan during annual enrollment.

Once terminated, there is no longer an employer contribution to a Health Savings Account (HSA) on your behalf. However, the premium that you are required to pay reflects that the state does not pay an employer contribution and are lower than the PPO/Basic COBRA rates. The premiums for HDHP COBRA are:

Single: \$ 702.86 Family: \$1,694.16

NDPERS is not responsible for depositing employer contributions into your Health Savings Account once you close the account. Please contact NDPERS to verify that all contributions have been deposited into your account prior to closing it.

EXTENDED COBRA:

Disability

A member or their dependent determined to have been disabled for Social Security purposes may extend the continuation of coverage to 29 months. If member or their dependent becomes disabled at any time during the first 60 days of COBRA continuation coverage, the member must provide notice of such determination to NDPERS within 60 days after the date of any final determination of disability and before the end of the 18-month continuation period.

Death

Continuation of coverage may be extended for a period up to 36 months for an eligible dependent.

CANCELLATION OF HEALTH COVERAGE:

If you wish to cancel your NDPERS health coverage, you must submit a written request providing the contract holder's name, PERSLink Member ID or last four digits of Social Security number, and effective cancellation date. Cancellations will only be done at the end of the month. We cannot cancel your policy for a partial month or do a retroactive cancellation of a policy. NDPERS must receive your cancellation request by the end of the month prior to the effective cancellation date.

Additional Features of Dakota PPO/Basic and HDHP Plans:

DISEASE MANAGEMENT PROGRAM:

A disease management program is offered through SHP. Please contact the Care Management Department at 1-877-652-1847.

DAKOTA WELLNESS PROGRAM:

Wellness Portal, powered by WebMD:

Resources available on the portal include a Health Assessment (a confidential report and custom resources), Wellness Tracking, and Daily Habits (guided programs to help with healthy habits and condition management). Covered members and their eligible spouses can earn points to be redeemed towards gift cards and prizes.

After you receive your health insurance ID cards, you will receive a member packet that will explain the wellness program in detail.

Fitness Center Reimbursement:

Covered members and their eligible spouse can earn up to a \$20 credit monthly for visiting a participating health club a minimum of 12 days a month.

DAKOTA HEALTH PLAN FEATURESPPO/BASIC



For complete features of the Dakota Plan visit https://www.ndpers.nd.gov/

<u>Preferred Provider Organization (PPO/BASIC):</u>

The Preferred Provider Organization (PPO) is a group of hospitals, clinics and physicians who have agreed to discount their services to members of NDPERS. You have "freedom of choice" in selecting which physician or medical facility to use for services. No referral is needed. If you choose a provider who participates in the PPO program, you will have lower out-of-pocket expenses. PPO benefits are only available in the State of North Dakota, unless the medical facility provides services at a satellite location in another State.

DEDUCTIBLE AND COINSURANCE:

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

Plan Features:	Basic (Self-Referral or Out-of-State)	<u>PPO</u>	
Deductible for Al	l Services		
-Per Person	\$500	\$500	
-Per Family	\$1500	\$1500	
Copayment for Physician Office Visits (no limit)	\$ 35	\$ 30	
Copayment for Emergency Room	\$ 60	\$ 60	
Coinsurance on all covered services except Physician Office Visits	75/25	80/20	
Annual Coinsurance	e Maximum		
-Individual	\$1500	\$1000	
-Family	\$3000	\$2000	
Annual Out-of-Pocket Maximums (D	eductible and Coinsu	ırance)**	
-Individual	\$2000	\$1500	
-Family	\$4500	\$3500	
*Out-of-network coverage is at the Basic level.			

^{*}Out-of-network coverage is at the Basic level.

^{**}Office visit and emergency room copayments and prescription drug copayments and coinsurance are additional.

DISEASE MANAGEMENT PROGRAM:

A disease management program is offered through SHP. Please contact the SHP Care Management Department at 1-877-652-1847.

PREVENTIVE SCREENING SERVICES- PPO/BASIC COVERAGE:

Wellness Services				
	Copayment	PPO Plan	Basic Plan	Special Conditions
Well Child Care (to member's 6th birthday)	\$30/\$35	100%	100%	Deductible does not apply.
Preventive Screening Services (members 6 and older)	\$30/\$35	100%	100%	Maximum benefit allowance of \$200 per member per benefit period for any non-routine screening services. Deductible does not apply. Benefits beyond the maximum benefit allowance will be subject to cost sharing amounts. Deductible does not apply.
Immunizations		100%	100%	Deductible does not apply.
Mammography & Pap Smear Screening Services		100%	100%	The number of visits for mammography varies by age group. Maximum benefit allowance of 1 Pap smear per benefit period. Refer to benefit plan for details.
Prostate Cancer Screening Services		80%	75%	Refer to the benefit plan for details. Deductible does not apply.

For a Complete list of benefits please refer to the Certificate of Insurance/Summary Plan Description.

SUMMARY OF BENEFITS AND COVERAGE (SBC):

The Affordable Care Act (ACA) added a new requirement for the disclosure of a Summary of Benefits and Coverage (SBC). The Summary of Benefits & Coverage (SBC) for the various NDPERS group health insurance plans are located on the NDPERS website and can be found under the Additional Information section for each plan (PPO/Basic - Grandfathered, PPO/Basic Non-Grandfathered and High Deductible Health Plan (HDHP)). These documents provide a comprehensive resource for the purposes of comparing coverage levels across all plans.

PRESCRIPTION DRUG COVERAGE:

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

Plan Features:	Basic (Self-Referral or Out-of-State)	PPO	
Prescription Formulary Generic Drug			
- Copayment	\$7.50	\$7.50	
- Coinsurance (\$1,200 maximum per person per benefit period, covered at 100% after \$1,200 maximum is met)	12%	12%	
Prescription Formulary Brand-Name Drug***			
-Copayment	\$25	\$25	
- Coinsurance (\$1,200 maximum per person per benefit period, covered at 100% after \$1,200 maximum is met)	25%	25%	
Prescription Non-Formulary Drug			
-Copayment	\$30	\$30	
-Coinsurance	50%	50%	

^{***}One copayment amount per prescription order or refill for a 1–34-day supply. Two copayment amounts per prescription order or refill for a 35–100-day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.

MAIL ORDER PRESCRIPTION DRUGS:

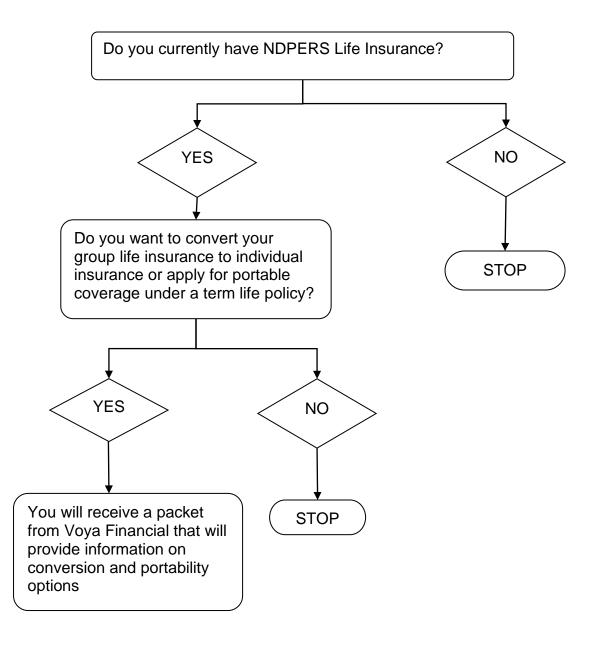
Please contact OptumRX at 1-866-833-3463 regarding the mail order prescription plan.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Information regarding the High Deductible Health Plan (HDHP) including deductibles, coinsurance amounts and preventive services is available at https://www.ndpers.nd.gov/.

LIFE INSURANCE CONTINUATION

For Refunds Rollovers and Deferred Retirement Accounts

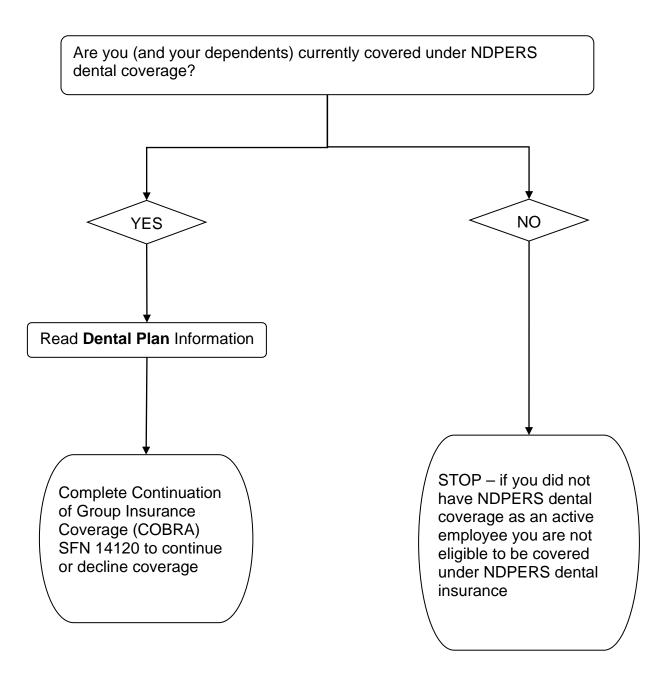


LIFE INSURANCE CONTINUATION

TERMINATION OF COVERAGE:

You will receive a packet from Voya Financial that will include details on converting your life insurance to an individual policy or for portability of your existing term life insurance policy. If you have questions on conversion or portability options, please call Voya Customer Service at 1-800-955-7736.

DENTAL INSURANCE For Refund, Rollover and Deferred Retirement Accounts



DENTAL INSURANCE



This is information regarding your eligibility for the NDPERS group dental plan underwritten by Delta Dental of Minnesota.

TERMINATION OF COVERAGE:

If you defer your retirement benefit or take a lump sum distribution of your retirement account your coverage will end upon your date of separation from employment.

COBRA COVERAGE:

Upon termination of employment, your NDPERS dental coverage will end on the last day of the month for which premiums were paid. You and your covered dependents may apply for COBRA coverage within 60 days of your separation of employment if:

✓ If you, as an active employee, and your covered dependents were enrolled in the NDPERS dental plan on the day before your last day of coverage.

You will have the option to continue COBRA coverage for a maximum period of 18 months. COBRA coverage will be terminated if:

✓ You or your covered dependents become eligible for an employer sponsored dental plan

The following COBRA premiums are in effect through December 31, 2024:

Individual Only	\$ 41.00
Individual and Spouse	\$ 79.12
Individual and Child(ren)	\$ 91.86
Family	\$130.82

You must include a check payable to NDPERS for the first month's premium. Applications received after the 60 day COBRA enrollment period will not be accepted and you will have forfeited your right to continuation coverage.

EXTENDED COBRA:

Disability

A member of their dependent determined to have been disabled for Social Security purposes may extend the continuation of coverage to 29 months. If member or their dependent becomes disabled at any time during the first 60 days of COBRA continuation coverage the member <u>must</u> provide notice of such determination to NDPERS within 60 days after the date of any final determination of disability and before the end of the 18-month continuation period.

Death

Continuation of coverage may be extended for a period up to 36 months for an eligible dependent.

CANCELLATION POLICY:

To cancel NDPERS dental coverage, a written request must be submitted. The request must provide the contract holder's name, social security number and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

COVERAGE QUESTIONS?

For additional information concerning coverage call 1-800-448-3815. Reference Group # 537482.

This Page is Intentionally Blank

VISION INSURANCE For Refund, Rollover and Deferred Retirement Accounts

Are you (and your dependents) currently covered under NDPERS vision coverage? YES NO Read Vision Plan Information Complete Continuation of STOP – if you did not Group Insurance Coverage have NDPERS vision (COBRA) SFN 14120 to coverage as an active continue or decline coverage employee you are not eligible to be covered under NDPERS vision insurance

VISION COVERAGE



TERMINATION OF COVERAGE:

If you defer your retirement benefit or take a lump sum distribution of your retirement account your coverage will end upon your date of separation from employment.

COBRA COVERAGE:

Your NDPERS vision coverage will end upon your date of separation from employment. You and your covered dependents may apply for COBRA coverage within 60 days of your separation of employment if:

✓ If you, as an active employee, and your covered dependents were enrolled in the NDPERS vision plan, and

You will have the option to continue COBRA coverage for a maximum period of 18 months. COBRA coverage will be terminated if:

✓ You or your covered dependents become eligible for an employer sponsored vision plan

The following COBRA premiums are in effect through December 31, 2025:

Individual Only	\$ 5.03
Individual and Spouse	\$ 10.06
Individual and Child (ren)	\$ 9.16
Family	\$ 14.19

Late applications must include a check payable to NDPERS for the first months' premium. Applications received after the 60-day COBRA enrollment period will not be accepted.

EXTENDED COBRA:

Disability

A member or their dependent determined to have been disabled for Social Security purposes may extend the continuation of coverage to 29 months. If member or their dependent becomes disabled at any time during the first 60 days of COBRA continuation coverage the member must provide notice of such determination to NDPERS within 60 days after the date of any final determination of disability and before the end of the 18-month continuation period.

Death

Continuation of coverage may be extended for a period up to 36 months for an eligible dependent.

CANCELLATION POLICY:

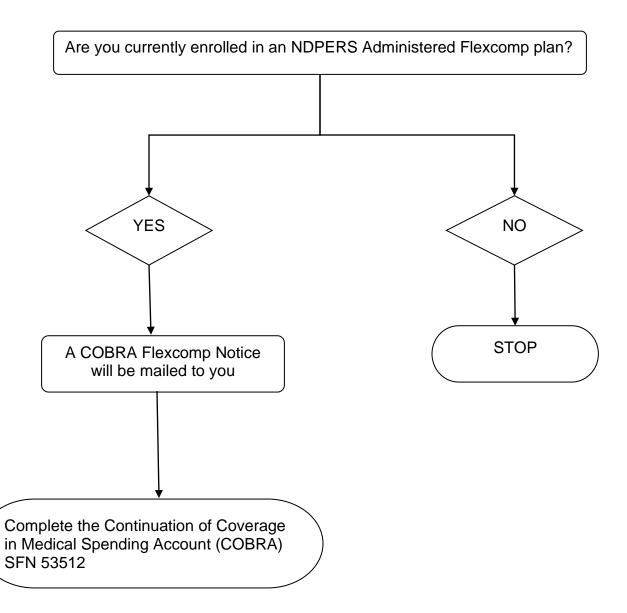
To cancel NDPERS vision coverage, a written request must be submitted. The request must provide the contract holder's name, social security number and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

COVERAGE QUESTIONS:

For additional information concerning coverage call 1 (800) 507-3800.

This Page is Intentionally Blank

NDPERS ADMINISTERED FLEXCOMP PLAN



NDPERS FLEXCOMP PLAN

Third Party Administrator: ASIFlex

The NDPERS Flex Comp Plan is available to eligible employees of the State of North Dakota, participating District Health Units and members of the Legislative Assembly. Employees of the university system and political subdivisions are excluded from participation in the plan.

TERMINATION OF COVERAGE - MEDICAL SPENDING ACCOUNT:

If you retire or terminate employment during the plan year, you will be offered continuation coverage through the end of the plan year on December 31. You will have 60 days from your separation of service in which to elect continuation coverage and complete the Continuation of Coverage in Medical Spending Account (COBRA) SFN 53512. Unless you elect continuation of coverage, your participation will end on the last day of the month of your separation from service.

Employees who elect continuation coverage are permitted to pre-tax their premiums and pre-pay the premium through the end of the current plan year from their final salary paycheck.

Payments may also be paid with after-tax dollars by personal check or money order throughout the plan year. If you elect to pay for continuation coverage with after-tax dollars throughout the plan year, your premium will be the amount currently being payroll deducted plus a 2% administrative charge. Coverage will be extended to the end of the current plan year but may terminate sooner if the premiums are not paid within 30 days of their due date, which is the 1st of every month.

If you have paid your premium through the end of the year on December 31 and have a balance in your account, you have the option to have eligible expenses incurred during the "grace period" from January 1 through March 15 of the new plan year reimbursed from the balance.

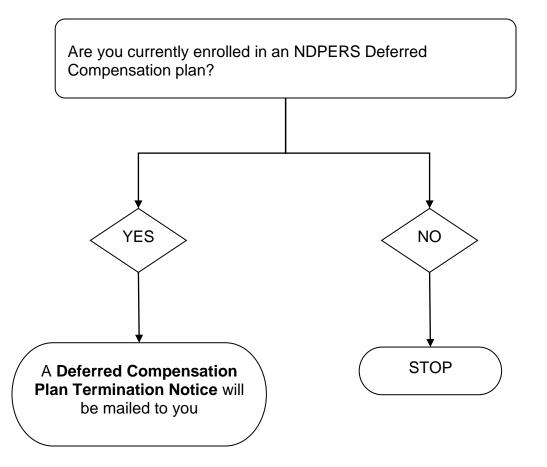
DEPENDENT CARE ACCOUNT:

Your contributions will cease and payroll deductions will stop the end of the month of your separation from service. You may continue to file claims for qualifying expenses that occurred through the last day of the month of your separation of service up to the remaining balance in your account.

The final day for accepting claims for the plan year from either your Medical Spending or Dependent Care Reimbursement account for services received while you were a participant is four months after the plan year ends on December 31, or April 30.

If participation terminated due to a separation of service and you return to state employment within 30 days in the same plan year, your election will be reinstated as it was immediately prior to the separation of service. If you return to state employment after 30 days but in the same plan year, you cannot participate for the remainder of the plan year. This includes medical and dependent care flexible spending accounts and ability to pre-tax eligible insurance premiums through the NDPERS flexcomp program.

DEFERRED COMPENSATION PLAN FOR REFUND, ROLLOVER AND DEFERRED RETIREMENT ACCOUNTS



457 DEFERRED COMPENSATION PLAN



Lump sum payments for accumulated annual leave, sick leave, commissions, bonuses and overtime pay, or back pay may be deferred on a pretax basis to your deferred compensation plan account. These deferrals are treated as part of your annual deferrals, and are subject to the IRS 457 Plan limits in effect for the year in which the deferrals occur. Lump sum deferrals are subject to FICA taxes before deferral.

You must elect to defer sick leave, annual leave and back pay payments while actively employed and in the month prior to the month of termination by completing the 457 Deferred Compensation Plan Enrollment/Change Form SFN 3803. Please see the following page for detailed instructions on how to complete the SFN 3803, if you elect to defer your lump sum payout into your 457 Deferred Compensation Plan. The regulations do not allow deferrals for retirement or severance incentive payments or buyout payments.

You may not begin to receive distributions from a deferred compensation account until you have been off the payroll of a covered employer for one month. You may elect to begin distribution immediately after you have satisfied the 30-day period of separation from service, regardless of your age, or you may defer payments to a future date.

If you elect a lump sum distribution of your plan account, you will be subject to a 20% Federal income tax withholding requirement. The Provider Company will send you a 1099R statement the year in which you receive a distribution from your account. There is no IRS 10% penalty or requirement for age 59 ½.

You also have the option to do a direct rollover to an eligible 401(a), 401(k), 457(b), 403(b), IRA or another qualified plan that accepts eligible rollover distributions. If you do a direct rollover, taxes are not due until you begin receiving a distribution from your account.

Once you have begun distribution, you have the option to suspend or change the amount of the distribution; so long as your required minimum distribution begins at age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949), or age 73 (if you were born on or after January 1, 1951).

Please consult with your investment Provider representative for assistance in selecting a payment option or if you have any questions regarding your tax liability or withdrawal penalties.

SFN 3803 – Instructions on How to Complete for Lump Sum Deferral

		328-3900 • 1-800-803-	1657 • Bismarck • North Dakota 58502-1657 -7377 • Fax 701-328-3920	_
plete	Your Name			
t A	Jack Four Digits of Social Security Number		01/01/1964	
	Organization Name Your Employer		NDPERS Organization ID	
lete	PART B PROVIDER INFORMATION Name of Company (Required)	TON		
В	Agent Name (Required)		Telephone Number	
	PART C CHECK ALL THAT AP	PLY		
	2. Increase Deduction 3. Decrease Deduction 4. Suspend Deduction (Includes going fro 5. Age 50 or older: Annual Catch-up 6. Regular 3 Year Catch-up –457 Deferm 7. Provider Change YOU MUST comple	10. Lump sum m full-time to part-time) d Compensation Catch-up	Annual Leave Contributions Sick & Annual Leave Course Regular Monthly Deduction p Worksheet SFN 51501 MUST accompany this form	
	1. One for the new provider & V'N PART D CALCULATION OF MA	w Application' 2. One XIMUM ALLOWABLE D	to stop contributions to old provider & √'Suspend Deduc	ction'
		made under a IRC 414/h) as	rrangement (use most recent nay stuh) \$	-
nt	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Com	n A) pensation or annual maximi than the minimum annual d er of pay periods in calenda	rrangement (use most recent pay stub) \$ \$ um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
nt ill	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number SALARY REDUCTION)	pensation or annual maximum than the minimum annual der of pay periods in calenda AUTHORIZATION eted if you checked 1, 2	sum limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C	
nt II	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compounded by Must be compounded by Must be made in authorization for deductions must be made in authorize my employer to reduce my sale	pensation or annual maximi than the minimum annual d er of pay periods in calenda AUTHORIZATION eted if you checked 1, 2 in the month prior to the pay ary.	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned.	This the month p
nt III d	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be computed by Must be computed by Must be made in the computed by Must be computed b	pensation or annual maximi than the minimum annual d er of pay periods in calenda AUTHORIZATION eted if you checked 1, 2 in the month prior to the pay ary.	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned.	This the month p
nt II d	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compounded by Must be compounded by Must be made in authorization for deductions must be made in authorize my employer to reduce my sale	pensation or annual maximi than the minimum annual d er of pay periods in calenda AUTHORIZATION eted if you checked 1, 2 in the month prior to the pay ary. Pay Period	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned. Beginning Date (Not Date Paid) mm/dd/yyyy	
t II d	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compart of Must be made in Must be compart of Must be made in Must be in Must be in Must be made in Must be made in Must be in Must be made in Must be in Must be made in	pensation or annual maximis than the minimum annual der of pay periods in calenda AUTHORIZATION eted if you checked 1, 2 in the month prior to the pay any. Pay Period the month prior to the pay the month prior to the pay the moveledges the following (read a sed each pay period by the amount form returned to payroll from the pa	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned. Beginning Date (Not Date Paid) mm/dd/yyyy period date entered here.) and initial each statement): unit authorized above. The deduction cannot be changed or stop m NDPERS.	when your sick an leave will be paid For example, if y eaving employme
it II d	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compounded by Must be compounded by I authorize my employer to reduce my sall Amount (The signature date in Part F must be in the With regard to this agreement, the Participant ack YN I understand that my salary will be reduced without an authorized participant agreement. I understand the accumulated deferred some service, unless, I should experience in a compounded by I acknowledge that the Retirement Boar not warrant or guarantee the investment.	pensation or annual maximum than the minimum annual der of pay periods in calenda AUTHORIZATION eted if you checked 1, 2 at the month prior to the pay ary. Pay Period period by the amount of the pay period by the amount prior to the pay in the month prior to the pay in the m	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned. Beginning Date (Not Date Paid) mm/dd/yyyy period date entered here.) and initial each statement): sunt authorized above. The deduction cannot be changed or stop m NDPERS. and is not available to me or my beneficiary(ies) until I separate and a distribution is approved by the NDPERS Board Is to any provider and understand that the Retirement Board does	when your sick an leave will be paid For example, if y
nt ill d d	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compensation for deductions must be made in authorization for must be in the signature date in Part F must be in the following for my service, unless, I should experience in authorization for service, unless, I should experience in authorization for my service, unless, I should experience in authorization for my service, unless, I should experience in authorization for my service, unless, I should experience in authorization for my Beneficiary, until such time myself or my Beneficiary, until such time in understand that this agreement include	pensation or annual maximithan the minimum annual der of pay periods in calenda AUTHORIZATION eted if you checked 1, in the month prior to the pay an emonth prior to the pay provided by the amount form returned to payroll from a payroll from a payroll from a payroll from the payroll from a payroll from the payr	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned. Beginning Date (Not Date Paid) mm/dd/yyyy period date entered here.) and initial each statement): unit authorized above. The deduction cannot be changed or stop m NDPERS. and is not available to me or my beneficiary(ies) until I separate and a distribution is approved by the NDPERS Board s to any provider and understand that the Retirement Board does unings accruing thereof, shall be held for the exclusive benefit of unsuant to the terms of the Plan. suted with and maintained by my provider.	when your sick an leave will be paid For example, if y eaving employme then this would wages
nt ill d d	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compared to the same of th	pensation or annual maximithan the minimum annual der of pay periods in calenda AUTHORIZATION eted if you checked 1, in the month prior to the pay an emonth prior to the pay provided by the amount form returned to payroll from a payroll from a payroll from a payroll from the payroll from a payroll from the payr	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned. Beginning Date (Not Date Paid) mm/dd/yyyy period date entered here.) and initial each statement): sunt authorized above. The deduction cannot be changed or stop m NDPERS. and is not available to me or my beneficiary(ies) until I separate and a distribution is approved by the NDPERS Board s to any provider and understand that the Retirement Board does nings accruing thereof, shall be held for the exclusive benefit of ursuant to the terms of the Plan.	when your sick an leave will be paid For example, if y eaving employme then this would wages
nt ill d d	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compensation for deductions must be made in authorization for include myself of the from service, unless, I should experience and authorization for guarantee the investment of understand that all compensation defermings for my Beneficiary, until such time authorization for my service, unless, I should experience and understand that all compensation defermings for my Beneficiary, until such time authorization for my Beneficiary, until such time authorization for my paycheck. PART F PARTICIPANT AUTHOR I verify that the foregoing statements are true governing any misrepresentations and fraud	pensation or annual maximum than the minimum annual der of pay periods in calenda AUTHORIZATION eted if you checked 1, in the month prior to the pay any. Pay Period the month prior to the pay period by the amount form returned to payroll from a payroll and unforeseeable emergency makes no recommendation as the beneficiary forms as executed under the Plan, and all earn as it is made available to me possible to the payroll from	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned. Beginning Date (Not Date Paid) mm/dd/vyvy period date entered here.) and initial each statement): unit authorized above. The deduction cannot be changed or stop m NDPERS. and is not available to me or my beneficiary(ies) until I separate and a distribution is approved by the NDPERS Board Is to any provider and understand that the Retirement Board does things accruing thereof, shall be held for the exclusive benefit of ursuant to the terms of the Plan. Suited with and maintained by my provider. Int and Budget if necessary to insure the appropriate amount is withher my knowledge and belief, and are subject to the laws and penalty.	when your sick an leave will be paid For example, if y eaving employme then this would wages
te nt ill d and all ents	C. Includable Compensation (subtract B from D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Comenter the lesser of D1 but not less E. Pay Period Deduction (D divided by number PART E SALARY REDUCTION Must be compared authorization for deductions must be made in authorize my employer to reduce my sall Amount (The signature date in Part F must be in the With regard to this agreement, the Participant acked without an authorized participant agreement of understand that my salary will be reduce without an authorized participant agreement. I understand that my salary will be reduce without an authorized participant agreement. I understand that my salary will be reduced by a compared to the participant agreement. I understand that my salary will be reduced by a compared to the participant agreement. I understand that all compensation defined myself or my Beneficiary, until such time my beneficiary, until such time. I understand that this agreement include the participant agreement include the participant agreement includes the participant agreement agreement agreement includes the participant agreement agreement agreement agreement agr	pensation or annual maximum than the minimum annual der of pay periods in calenda AUTHORIZATION eted if you checked 1, in the month prior to the pay any. Pay Period the month prior to the pay period by the amount form returned to payroll from a payroll and unforeseeable emergency makes no recommendation as the beneficiary forms as executed under the Plan, and all earn as it is made available to me possible to the payroll from	um limit (see annual limits on back of form) leduction of \$300.00 (\$25.00) per month ar year) 2, 3, 6, 9, or 10 in Part C period in which the income is earned. Beginning Date (Not Date Paid) mm/dd/vyvy period date entered here.) and initial each statement): unit authorized above. The deduction cannot be changed or stop m NDPERS. and is not available to me or my beneficiary(ies) until I separate and a distribution is approved by the NDPERS Board Is to any provider and understand that the Retirement Board does things accruing thereof, shall be held for the exclusive benefit of ursuant to the terms of the Plan. Suited with and maintained by my provider. Int and Budget if necessary to insure the appropriate amount is withher my knowledge and belief, and are subject to the laws and penalty.	when your sick an leave will be paid For example, if yeaving employme then this would wages

Sign and date. Must be dated and received the month prior to termination. For example, if leaving employment in July, this must be received by NDPERS in June

This Page is Intentionally Blank