# STATE OF ALASKA

## TEACHERS' RETIREMENT SYSTEM

Tiers I and II
Defined Benefit Plan
Retirement Application Instruction Booklet

TRS
TEACHERS' RETIREMENT SYSTEM

ALASKA DIVISION OF
Retirement
and Benefits

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TRS025 (May 2023)

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# Introduction

***Congratulations!*** You are about to realize your retirement dreams! This packet has been designed to provide the information and forms necessary to apply for and begin receiving your retirement benefits from the Teachers' Retirement System (TRS).

Your retirement includes both pension and access to health benefits. Please read this information booklet carefully to be sure you understand all the benefit provisions to which you are entitled. Also, make sure you have taken advantage of any claimed service options that might increase your benefit and, most importantly, that you meet retirement eligibility requirements.

By following the procedure outlined on this page you will receive your benefits timely. Your application must be submitted to the Division of Retirement and Benefits (Division) prior to your retirement effective date and should be submitted to the Division at least 60 days, but no more than one year, prior to your planned retirement date.

## Must-Do Checklist

- ☐ Retiree Return to Work Policy (Bona Fide Separation from Employment): You must have a bona fide separation from employment. See pages 32-33 for information regarding bona fide separation.
- ☐ Proof of date of birth and marriage. If you are married, you must provide proof of marriage. You must provide proof of date of birth for yourself, spouse, and any dependent children. Copies are acceptable.
- ☐ Divorce or Dissolution: You must provide court-certified copies of all divorce decrees and qualified domestic relations orders that occurred while a TRS member. If the divorce happened prior to TRS membership and you have not remarried, provide a copy of only the divorce decree. If you remarried prior to TRS membership and are still married to the same person, you do no need to provide any divorce documentation. Please refer to the *Qualified Domestic Relations Order (QDRO) Divorce and Dissolution Information Packet* (gen027) on the Division website.
- ☐ Direct Deposit: If you elect to have your benefit direct deposited, you must provide a voided check for personal checking accounts, or proof of account number and routing number for a personal savings account.
- ☐ Health Benefit Enrollment: You must make an election for medical, dental-vision-audio, and long-term care coverage. If you do not want coverage, you must mark the box declining coverage. You will not be appointed to retirement until you elect or decline coverage.
- ☐ Indebtedness: You must decide if you want to pay for any indebtedness in full or accept a lifetime actuarial reduction to your retirement benefit. This will only be done if it is monetarily beneficial.

  *Payment of Indebtedness with Pre-Tax Transfer:* If you are planning on paying for your indebtedness, it must be initiated 6 weeks prior to your retirement date. Your retirement will not be processed until the transfer is complete.
- ☐ Signature: You must read the certification language on page F-10 and sign/date your application.
- ☐ Power of Attorney (POA) or Guardian, if applicable. If you are submitting this retirement application as Power of Attorney for a TRS member, you must submit the POA document for review. If you are submitting this application as a guardian of a TRS member, you must submit a copy of the court order appointing you guardian.
- ☐ If you wish to claim your unused sick leave (USL), you must submit the *TRS Claim and Verification of Unused Sick Leave Credit* form (trs021) to the Division, signed by your employer. **It is your responsibility to submit your claim for USL to the Division.**

## What Tier Am I?

TRS is a three-tier system. Some benefits differ depending on your tier. This packet is intended for Tiers I and II (Defined Benefit plan) **only**. If you are Tier III (Defined Contribution plan), please contact the Division for information applicable to your benefit package. The following table will assist you in determining your tier.

| **Tier I**<br>*Entered TRS prior to July 1, 1990* | **Tier II**<br>*Entered TRS on or after July 1, 1990, but prior to July 1, 2006* |
|---|---|
| Early retirement at age 50. | Early retirement at age 55. |
| Normal retirement at age 55 or any age with 20 years of service. | Normal retirement at age 60 or any age with 20 years of service. |
| System-paid AlaskaCare medical premiums at either early or normal retirement.<br>The AlaskaCare Retiree Health Plan becomes supplemental to Medicare at age 65. There is a cost to you for Medicare Part B when you enroll. | System-paid AlaskaCare medical premiums at normal retirement age 60 or at any age with 25 years of membership service.<br>The medical benefits available under the AlaskaCare Retiree Health Plan become supplemental to Medicare at age 65. There is a cost to you for Medicare Part B when you enroll. |
| Average Base Salary (ABS) calculated using three highest salary years. | Average Base Salary (ABS) calculated using three highest salary years. |
| Alaska Cost-of-Living Allowance available to eligible members at retirement. | Alaska Cost-of-Living Allowance available to eligible members at age 65. |
| Eligible for either Ad Hoc or Automatic Post-Retirement Pension Adjustment. | Eligible for only Automatic Post-Retirement Pension Adjustment. |

# Section I. Minimum Requirements for Pension Benefits

## Retirement Effective Date

You may become eligible for retirement by either age or service (see tier chart on page 2). By law, your retirement effective date will be July 1, assuming you are an active member and have worked a full school year during your last school year. If you have worked a partial year and are not receiving a full year of service credit, or if you are a deferred member, your retirement effective date will be the first of the month after all the following requirements are met:

- You meet the minimum service and age requirements for retirement. **You should not leave employment until you are absolutely certain that you are eligible to retire if you are close to being vested or completing other retirement requirements. It is your responsibility to be sure you are eligible for retirement before you terminate employment.**
- You have terminated employment. Active members must terminate employment no later than June 30 to be eligible for retirement benefits effective July 1. If you terminate your employment on the first day of the month, you will not be appointed to retirement until the following month.
- You have a bona fide termination of employment with no pre-arrangement to return to work in any capacity at the employer from which you are retiring. See *Section X. Working After Retirement: Retiree Return to Work Policy (Bona Fide Separation of Employment)*, page 32.
- Your retirement application is received by the Division of Retirement and Benefits prior to the date you plan to retire.

## Retirement Eligibility

You reach retirement eligibility by meeting either age or service requirements.

### *Age Requirements*

Under early retirement, your monthly benefit is actuarially reduced based on age for each month under normal age. The closer you are to normal retirement age, the smaller the reduction. Under normal retirement, your monthly benefit is not reduced.

**Caution:** If you request a refund of your TRS contributions and interest, you will not be eligible for TRS retirement benefits.

### *Service Requirements*

You will be eligible to retire after you reach retirement age and satisfy one of the following service requirements.

***You must have at least:***

- eight paid-up years of TRS membership service;
- five paid-up years of TRS membership and three paid-up years of Alaska Bureau of Indian Affairs (BIA) service;
- fifteen paid-up years of TRS credited service, if the last five years are membership service and you were first hired under the TRS before July 1, 1975;
- twelve paid-up years of combined part-time and full-time TRS membership service in each of which the member earned either part-time or full-time service;
- one paid-up year of TRS membership service if you are retired from the Public Employees' Retirement System (PERS); or
- two paid-up years of TRS membership service if you are vested in the Public Employees' Retirement System (PERS) defined benefit plan (Tier I, II, or III) or 100% vested in the PERS defined contribution retirement plan (DCR).

***You may retire at any age and receive a normal (unreduced) benefit if you have:***

- 20 paid-up years of TRS membership service;
- 20 paid-up years of combined TRS membership and Alaska BIA service, if the last five years are membership service;
- 20 paid-up years of combined part-time and full-time TRS membership service (you must have at least one-half year of membership service as a part-time teacher or one full year of membership service as a full-time teacher in each of 20 school years); or
- 25 paid-up years of credited service, if the last five years are TRS membership service.

Claimed military service for service performed prior to membership in the TRS does not count toward retirement eligibility (vesting), but may increase your TRS service. Military service performed during a call to active duty while an active TRS member does count toward retirement eligibility (vesting) when it is claimed and appropriate contributions have been paid.

Employment as an assistant, graduate assistant, and teaching as a substitute, temporary, or on a per diem basis, does not qualify for membership in the TRS.

## Sabbatical Leave Credit

You may receive membership credit while you are on approved sabbatical leave if:

1) your employer pays the employer and employee contributions to the TRS each month (contributions are based on the contract salary that you would have earned had you worked instead of taken sabbatical leave); and
2) you return to your teaching position for a full year after your sabbatical leave ends. If you are unable to return because of sickness, injury, or death, this requirement does not apply.

When you retire, the actual salary that you were paid while on sabbatical leave will be used in the benefit calculation if it is one of your three highest.

Sabbatical leave is membership service and counts toward vesting and retirement eligibility.

## Leave of Absence Without Pay (LWOP)

You may receive TRS credit for LWOP if your LWOP was authorized by your employer.

Contributions for LWOP are required and are based on the salary that you would have earned had you continued to work instead of taking LWOP. There are two types of LWOP:

### *Active LWOP*

You must pay both the employee and employer contributions to the TRS each month while on LWOP. Contributions should be paid through your payroll office. No interest accrues on the contributions due.

### *Inactive LWOP*

You are not required to pay TRS contributions while on LWOP. When you return to work and claim LWOP, an indebtedness equal to the employee and employer contributions will be established. Interest on the contributions due begins accruing as of the day you began inactive LWOP.

If you want to receive credit for inactive LWOP, contact the TRS.

Although LWOP credit does not count toward vesting and/or retirement eligibility, it will increase your TRS credit.

**It is always a good idea to ask your employer(s) to verify your TRS service before you terminate employment. Verifying your service is especially important if:**

- **you have worked part-time, or**
- **you just barely have enough TRS service to retire**

## Simultaneous PERS and TRS Credit

If you are a member of the TRS and Public Employees' Retirement System (PERS) at the same time, you may receive partial credit under both systems. To be eligible, you must be employed at least half-time in both the PERS and the TRS concurrently and you must make the required contributions.

The total combined PERS and TRS credit that you may earn during a school year (July 1 through June 30 of the following year) may not exceed one year.

***Concurrent Credit Adjustment:***
Credited service that exceeds one year must be adjusted and refunded. To ensure that you understand how the adjustment will affect your service, please contact the Division.

**IMPORTANT: You cannot retire from the TRS if you are actively working in the PERS with your TRS employer. For example, if you are retiring in the TRS from School District X, you cannot work for School District X in the PERS, post-retirement, without it potentially affecting your TRS retirement. See *Section X. Working After Retirement: Retiree Return to Work Policy (Bona Fide Separation of Employment)*, page 32.**

# *Section II. Pension Benefit Calculation*

## Service

The pension benefit calculation is dependent upon the number of years of service you have as well as your Average Base Salary (ABS).

Since the number of years of service is a fundamental part of the retirement calculation, the more years of service you have, the higher your pension benefit will be. The TRS has several different types of non-TRS service that can be claimed. Please read *Section III – Using Claimed Service Credit to Potentially Increase Pension Benefits* (page 8) for more information. You will need to complete and submit a claim form if you have any of the service listed. Claim forms are available from our website at *drb.alaska.gov* or you may contact the Division.

## Average Base Salary

Your salary history during your TRS employment is reviewed to determine which of your base contract salaries are the three highest. These salaries represent compensation earned during the school year beginning July 1 and ending June 30 each year. The salaries are added together and the total is divided by three to determine your Average Base Salary (ABS).

To include your contract salary as one of your highest, you must work at least two-thirds of a school year (115 days) either full-time or part-time.

The base salaries for part-time members will be figured at the full-time rate for this calculation.

## Benefit Formula

The TRS benefit formula is:

| First 20 years of service or all years served prior to July 1, 1990 | All years over 20 |
|---|---|
| 2% of ABS per year of service | 2.5% of ABS per year of service over 20 years |

This base pension would then be adjusted for early retirement, indebtedness, or joint and survivor option, depending on the member's election.

## Indebtedness Payments

An indebtedness can be established on your TRS account for several reasons:

- A prior refund of TRS contributions
- Qualified claimed service
- Deficient contributions

Payment(s) on a post-tax basis may be made directly to our Juneau office, or by arranging payroll deductions through your payroll office. Payments that are made with post-tax monies are not eligible for IRA rollover or tax deferred status.

There is also an option for payment that involves using a pre-tax transfer from certain Defined Contribution plans.

**Please note:** Because of the variety of allowed and non-allowed plan transfer types, you must contact the Division directly to determine if you, and the plan you wish to transfer the money from, are eligible to be used to pay an indebtedness.

**If you plan on using a pre-tax transfer to pay your indebtedness, it must be initiated six weeks prior to your retirement date. Your retirement benefit cannot be processed until the pre-tax transfer is received.**

If at retirement, you have an indebtedness that has not been paid to the TRS, your monthly retirement benefit may be actuarially reduced over your lifetime, depending on the type of indebtedness.

Usually, indebtedness for service that is being used for retirement eligibility must be paid in full prior to retirement. Contact the Division for more information regarding this type of indebtedness.

For other types of indebtedness, a lifetime reduction to pay the indebtedness will only be applied if the resulting benefit is greater than the benefit calculated without the indebtedness and associated service.

# Section III. Using Claimed Service Credit to Potentially Increase Pension Benefits

## Claimed Service Used for Vesting or Retirement Eligibility

Claimed service increases the number of years of service used to calculate your pension benefit and can result in a higher pension amount.

The following types of claimed service may, when paid in full, count toward vesting or retirement eligibility and have the potential to increase your monthly pension benefit.

**Note:** Claimed service does not change your tier.

| Type of Service | Description | Use for Vesting | Use for Retirement Eligibility |
|---|---|---|---|
| Alaska Bureau of Indian Affairs Service | Certified full-time teaching service with an Alaska BIA school. | Yes | Yes |
| Alaska Native Language and Culture Credit | Your employment as a teacher of Alaska Native language and culture is covered under the TRS if you were working for a TRS employer in a permanent full-time or part-time position on or after June 4, 1988, and you:<br>1) teach Alaska Native language and culture;<br>2) learned the subject being taught by living in the culture or using the language in daily life; and<br>3) are qualified to teach elementary or secondary students according to Department of Education and Early Development regulations.<br>Exceptions:<br>If you were employed as a teacher of Alaska Native language and culture on June 3, 1988, under the Public Employees' Retirement System (PERS) and you did not elect to transfer to the TRS before September 3, 1988, your employment is covered by the PERS. | Yes | Yes |
| Workers Compensation Leave Without Pay | If you were in Leave Without Pay (LWOP) status due to an on-the-job injury or occupational illness, you may claim this time for service credit. | Yes | Yes |
| Call to Active Military Duty | If you are called to active military duty from your TRS employment and report to your employer within 90 days of an honorable discharge, you may claim this time for service credit. | Yes | Yes |

## Claimed Service for Benefit Calculation Only

The following service can be claimed to potentially increase your benefit, but cannot be used to satisfy either vesting or retirement eligibility requirements:

| Type of Service | Description |
|---|---|
| Leave Without Pay (LWOP) | Contributions for LWOP are required and are based on the salary you would have earned had you continued to work instead of taking LWOP. (See *Section I. – Minimum Requirements for Pension Benefits,* page 3 for more information.) |
| Military Service Served Prior to entering the TRS | Can claim up to five years of active military service in the U.S. Armed Forces if honorably discharged if the service was not credited in the Public Employees' Retirement System (PERS). Additionally, no more than 10 years total military and outside teaching service is creditable. |
| Outside Service Credit | Can claim up to 10 years of full-time teaching service in an out-of-state school or Alaska private school. |

Outside service includes employment as a:

1) certified full-time elementary or secondary teacher or certified employee in a full-time position which requires a teaching certificate as a condition of employment in an:
   - out-of-state public school either inside or outside of the United States supported by U.S. funds; or
   - approved or accredited non-public school either inside or outside the United States supported by U.S. funds;
2) full-time employee in an out-of-state institution of higher learning requiring academic standing and accreditation by a nationally recognized accrediting agency listed in the Education Directory, Colleges and Universities, by the National Center for Education Statistics; or
3) full-time teacher in an approved or accredited non-public institution of higher learning in Alaska.

You may claim up to 10 years of outside service (only full years are creditable). However, the combined total of outside and military service that may be claimed may not exceed 10 years.

Although outside service is not membership service, in certain cases it does count toward vesting and retirement eligibility.

After your claim is received, an indebtedness is established. You may choose to pay the cost prior to retirement on a pre-tax or post-tax basis or take a lifetime reduction to your benefit to do so if it is monetarily beneficial. You must indicate on Section III of the Retirement Application form how you intend to pay the indebtedness.

Contact the TRS to find out how to claim service and how much it would cost.

Claimed service that can be used to meet retirement eligibility requirements usually must be paid in full prior to retirement.

# *Section IV. Medical Benefits, Dental-Vision-Audio, and Long-Term Care Programs*

Health benefits available from the Alaska Retiree Health Plan include Medical, Dental-Vision-Audio (DVA), and Long-Term Care (LTC). Enrollment information and available options are summarized in this section. Please refer to *What Tier Am I?* (page 2) in the introduction of this booklet to determine your tier for eligibility purposes.

All tiers must pay a premium for the optional DVA and LTC insurance benefits if elected. Tier II members may pay for medical insurance if they are not eligible for system-paid benefits.

Premium payments will be deducted from your retirement check each month. If your monthly benefit is not sufficient to cover the cost of your medical, DVA, and/or LTC premiums, you are responsible to pay the premiums directly to the health plan.

If you are unable to pay the premiums from your retirement check, you will be sent a *Retiree Direct Bill Health Enrollment* (ben017) form once you are appointed to retirement. You must submit this form directly to the claims administrator within 60 days of the date you were notified of your right to enroll in this plan. You will receive a monthly bill from the claims administrator. **If you do not receive a form, please contact the Division. You will not have coverage unless this form is completed and submitted to the claims administrator.**

If you fail to pay the monthly premiums your insurance benefits will stop, and you will not be allowed to reinstate them.

This is only a summary of the benefits available. Complete descriptions are available in the *AlaskaCare Defined Benefit Retiree Insurance Information Booklet* and *Long-Term Care Booklet*, available on the Division website at *AlaskaCare.gov.* In the event of a conflict between this information and the plan booklets, the plan booklets will prevail.

## Health Plan – Who May Be Covered

- You. **You must provide evidence of date of birth.**
- Your spouse. You may be legally separated, but not divorced. **You must provide proof of marriage and evidence of your spouse's date of birth.**
- Your children from birth (exclusive of hospital nursery charges at birth and well-baby care) up to 23 years of age *only* if they are:
  - ~ your natural children, stepchildren, foster children placed through a State foster child program, legally adopted children, children in your physical custody and for whom bona fide adoption proceedings are underway, or children for whom you are the legal, court-appointed guardian. If a child is not your natural born child, please provide a court-certified copy of the adoption paperwork or court orders.
  - ~ unmarried and chiefly dependent upon you for support; and
  - ~ living with you in a normal parent-child relationship:
    - » This provision is waived for natural/adopted children of the benefit recipient who are living with a divorced spouse, assuming all other criteria are met.
    - » Only stepchildren living with the retiree more than 50% of the time are covered under this plan.
  - ~ **You must provide evidence of date of birth for each eligible dependent.**

In accordance with Alaska Statutes 14.25.220(13):

- If your dependent child is age 19 or older, they are required to be registered at, and attending on a full-time basis, an accredited educational or technical institution recognized by the Department of Education and Early Development.
- If your dependent child is age 19 or older and is not a full-time student, then the dependent is eligible for coverage only if he or she is totally and permanently disabled. Please contact the Division for additional information about eligibility, and for information about how to provide proof of your dependent's disability.

Children incapable of employment because of a mental or physical incapacity are covered even if they are past age 23. However, the incapacity must have existed before age 23 and the children must continue to meet all other eligibility criteria. You must furnish the Division with evidence of the incapacity, proof the incapacity existed before age 23, and proof of financial dependency. This proof must be submitted within 60 days of your retirement date or the date the child turns 23, whichever is later. Children are covered as long as the incapacity exists, they meet the definition of children except for age, and you continue to provide periodic proof of the continued incapacity as required.

Children are not eligible for Long-Term Care (LTC) coverage.

**When you retire, you must list your dependents under the health plan so claims may be paid. If your dependents change later, you must complete a form to add or delete dependents from your account.**

If more than one family member is retired under a retirement plan sponsored by the State of Alaska, each eligible family member may be covered by this program both as a benefit recipient and as a dependent, or as the dependent of more than one benefit recipient.

If you elect or are provided with coverage for dependents, your dependents are eligible for benefits on the same day you are eligible if they meet all eligibility requirements. Medical coverage provided by the retirement system is full family coverage. If you must pay for medical coverage, you are required to elect the level of coverage that you want. If you add new dependents, they will be covered immediately if you are purchasing coverage for them.

If you elect dependent coverage during an open enrollment period, your dependents are covered on January 1, assuming you pay the required premium.

If you increase your coverage to include dependents following marriage or birth or adoption, their coverage begins on the first of the month following receipt of your written request.

**To report your eligibility for health insurance to the claims administrator within the proper timeline, you must file your retirement application at least 60 days prior to your retirement date.** Once your eligibility has been reported, you will be sent a welcome kit with information and forms for using your health plan. Shortly afterward, the claims administrator will send you identification cards.

## Medical Plan

| MEDICAL COVERAGE | Tier I | Tier II |
|---|---|---|
| **Eligibility** | Vested and at least age 50; or 20 years of service. | Vested and at least age 55-60; or 25 years of membership service. |
| **Premiums Required** | No premium payment required. | No premium required if age 60; or with 25 years of membership service. If under 60, pay full premium until age 60. |
| **Medical Coverage Enrollment** | Automatic at retirement. | May enroll at retirement or during an annual open enrollment. Automatically enrolled at age 60. |
| **Coverage Starts** | Effective date of your retirement. | On one of the following: effective date of your retirement; or January 1 of the year following enrollment during an open enrollment; or on the first of the month following age 60 if first enrolling then. |
| **Coverage Ends** | When a pension benefit is no longer being paid. | When a pension benefit is no longer being paid or if required premiums are not paid. |
| **Pre-Existing Conditions Limit** | None. | None if elected at retirement or received at age 60. A limit may be applied if you elect medical coverage during an open enrollment. |

**Medical coverage provided by the retirement system or elected at retirement has no pre-existing conditions limitation.** A pre-existing conditions limitation is applied if you select coverage for yourself or your dependents during open enrollment **only**.

Tier I members have family coverage at retirement which includes the member, spouse, and dependent children.

Eligible Tier II members who are electing coverage may elect for:

- retiree only;
- retiree and spouse;
- retiree and child(ren); or
- retiree and family.

You may decrease the level of coverage at any time. For example, you may change from retiree and family coverage to retiree and spouse coverage at any time. To decrease your coverage, you must submit a written request to the Division. **Changes in coverage are effective on the first of the month following the receipt of your written request.** Once you decrease your coverage, you cannot reinstate it except as described below.

You may only increase coverage:

- during an annual open enrollment (Tier II);
- within 120 days of marriage to include a new spouse and their child(ren); or
- within 120 days of birth or adoption of a child, to include coverage for the new child.

Premiums for coverage are based on the level of coverage selected. **It is your responsibility to notify the Division in writing if your level of coverage changes because your dependents no longer meet the eligibility requirements.**

| Medical Benefits Highlights | |
|---|---|
| **Benefit Year** | January 1 – December 31 |
| **Annual Deductible** | The amount you must pay before the plan pays.<br>$150 per individual annually.<br>Maximum 3 deductibles per family annually. |
| **Coinsurance** | The amount the plan pays – 80% of the recognized charge. |
| **Annual Out-of-Pocket Maximum** | When your 20% reaches this amount, the plan pays 100% for the rest of the year – $800 per person.<br>Preventive care expenses from an out-of-network provider do not apply against the out-of-pocket-limit (unless use of an out-of-network provider is precertified) |
| **Lifetime Maximum** | $2 million per person:<br>Prescription drug expenses do not apply against the lifetime maximum.<br>Gene-based, Cellular, and other Innovative Therapies (GCIT) products obtained through the medical claims administrator's GCIT Designated Network program do not apply against the lifetime maximum. |
| **Prescription Drugs** | Maximum allowed for each fill – 90 day supply:<br>Retail/local pharmacy:<br>• Brand-name drug – $8 co-pay<br>• Generic drug – $4 co-pay<br>Mail-order pharmacy:<br>• All drugs – No co-pay |
| **Preventive Care** | With a network provider or when using a precertified out-of-network provider:<br>• 100% with no deductible<br>With an out-of-network provider (not precertified):<br>• 80% after deductible is paid |
| **Outpatient Surgery, Preoperative Testing, Second Opinions** | 100% with no deductible. |
| **Skilled Nursing Facilities** | Subject to deductible. |
| **Travel** | For treatment or second opinions not available locally.<br>Round-trip. |

Please refer to the *AlaskaCare Defined Benefit Retiree Insurance Information Booklet* for the full list of benefits. Where this application conflicts with the plan document, the plan document controls.

## Dental-Vision-Audio (DVA)

The State of Alaska is pleased to offer voluntary Dental-Vision-Audio (DVA) plans for benefit recipients and their eligible dependents. There are two DVA plan options: the Standard Dental plan and the Legacy Dental plan. Enrollment is optional and premiums are required from all tiers. No pre-existing conditions limitation applies to the DVA plan. The DVA benefit year is January 1 through December 31 of each year. The Retiree Dental Benefit Comparison may help you compare the plans and decide which is a better fit for you and your family. The *AlaskaCare Defined Benefit Retiree Insurance Information Booklet* contains the complete benefit provisions for both plans.

| Dental Plan Highlights | | |
|---|---|---|
| | **Standard Dental Plan** | **Legacy Dental Plan** |
| **Deductibles** | | |
| Annual individual deductible<br>• Applies to Class II (restorative) and Class III (prosthetic) services | $50 | $50 |
| **Coinsurance** | | |
| Class I (preventive) services | 100% | 100% |
| Class II (restorative) services | 80% | 80% |
| Class III (prosthetic) services | 50% | 50% |
| **Benefit Maximums** | | |
| Annual individual maximum | $2,000 | $2,000 |

| Vision Plan Highlights |
|---|
| • Requires no deductible<br>• Pays 80% of the recognized charges<br>• Covers one complete eye examination, including a required refraction, per year<br>• Covers two lenses during each calendar year<br>• Covers one set of frames during every two consecutive calendar years |

| Audio Plan Highlights |
|---|
| • Pays 80% of the usual, customary, and reasonable charges<br>• Requires no deductibles<br>• Allows a maximum benefit of $2,000 in a three-year period |

## DVA Enrollment

| DENTAL-VISION-AUDIO (Optional Plan) | Tier I | Tier II |
|---|---|---|
| **Enrollment** | One-time opportunity at retirement. If you do not enroll in DVA prior to your retirement, you waive your right to elect this coverage permanently. | You may elect DVA with or without the medical plan at retirement. You may elect DVA during an open enrollment only if you did not enroll in the medical plan at retirement and are electing medical for the first time. If you have not elected medical prior to age 60, you will have one final chance to enroll in DVA at age 60 if you first become eligible for automatic medical benefits at that time. |
| **Premiums Required** | Monthly premiums are required based on the level of coverage elected. Premiums are deducted from your retirement benefit or, if your benefit is insufficient, you pay the premiums directly to the claims administrator. | Monthly premiums are required based on the level of coverage elected. Premiums are deducted from your retirement benefit or, if your benefit is insufficient, you pay the premiums directly to the claims administrator. |
| **Coverage Starts** | Effective date of your retirement. | On one of the following: effective date of your retirement; or January 1 of the year following enrollment during an open enrollment; or on the first of the month following age 60 if first enrolling then. |
| **Coverage Ends** | When a pension benefit is no longer being paid, if premiums are not paid, or when you terminate coverage. Once you terminate coverage, you may not re-elect it again. | When a pension benefit is no longer being paid, if premiums are not paid, or when you terminate coverage. Once you terminate coverage, you may not re-elect it again. |

Please refer to the *AlaskaCare Defined Benefit Retiree Insurance Information Booklet* for the full list of benefits. Where this application conflicts with the plan document, the plan document controls.

## Dental Plan Benefit Comparison

| Plan Structure, Annual Deductible, Coinsurance, and Maximum Benefit | | |
|---|---|---|
| | **Standard Plan** | **Legacy Plan** |
| **Covered household member options** | • Retiree only<br>• Retiree and spouse<br>• Retiree and child(ren)<br>• Retiree and family | • Retiree only<br>• Retiree and spouse<br>• Retiree and child(ren)<br>• Retiree and family |
| **Plan funding** | 100% funded by member-paid premiums. | 100% funded by member-paid premiums. |
| **Annual deductible** | $50 per individual.<br>Applies to class II (restorative) and class III (prosthetic) services. | $50 per individual.<br>Applies to class II (restorative) and class III (prosthetic) services |
| **Coinsurance** | • Class I (preventive): 100%<br>• Class II (restorative): 80%<br>• Class III (prosthetic): 50% | • Class I (preventive): 100%<br>• Class II (restorative): 80%<br>• Class III (prosthetic): 50% |
| **Annual individual benefit maximum** | Plan will pay up to $2,000 for dental services each benefit year. | Plan will pay up to $2,000 for dental services each benefit year. |
| **Network Provisions** | | |
| **Access to Delta Dental's broad Premier network of dental providers** | Yes | Yes |
| **Access to an additional exclusive dental network, Delta Dental's PPO network, with deeper discounts for the same services** | Yes | **No** |
| **Recognized charge: In-network** | Lesser of 100% of negotiated fees, billed charges, or covered expense. | Lesser of 100% of negotiated fees, billed charges, or covered expense. |
| **Recognized charge: Out-of-network** | 75% of the 80th percentile; members may be billed for additional charges. | 100% of the 90th percentile; members may be billed for additional charges. |
| **Dental Necessity Requirements** | | |
| **To be eligible for coverage, dental services and supplies must meet these dental necessity requirements and be a covered service or supply under the plan.** | The Retiree Standard Dental Plan covers dental services and supplies when performed by a dentist or dental care provider and when determined to be dentally necessary. | The Retiree Legacy Dental Plan does not provide benefits for dental services or supplies that are not necessary for diagnosis or treatment of dental condition as determined by the claims administrator even if prescribed, recommended, or approved by a dental professional. |

| Covered Dental Services: Class I – Preventive | | |
|---|---|---|
| | Standard Plan | Legacy Plan |
| **Diagnostic** | | |
| **Oral exam** | Covered two times per benefit year. | Covered |
| **Complete series x-rays/panoramic** | Covered once every five years. | Covered if required for diagnosis; not more than one full mouth or series per year. |
| **Bitewing x-rays** | Covered once per benefit year. | Covered |
| **Diagnostic casts and study models** | Not covered | Covered |
| **Preventive** | | |
| **Cleanings (prophylaxis)** | Covered two times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed. | Covered |
| **Periodontal maintenance** | Covered as a class I service at 100% and no deductible. Two times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed. | Covered as a class II service at 80% and $50 deductible. |
| **Topical fluoride: 18 years or younger** | Covered two times per benefit year. | Covered |
| **Topical fluoride: 19 years or older** | Covered two times per benefit year if recent periodontal surgery or high risk of decay due to chemotherapy or medical disease. | Covered |
| **Sealants: 18 years or younger** | Covered once every five years with tooth limitations. | Covered |
| **Sealants: 19 years or older** | Covered once every five years with tooth limitations. | **Not Covered** |
| **Space maintainers** | Covered for 14 years and younger, once per tooth space with tooth limitations. | Covered as a class II service at 80% and $50 deductible. |

| Covered Dental Services: Class II – Restorative | | |
|---|---|---|
| | Standard Plan | Legacy Plan |
| Restorative | | |
| **Fillings** | Covered | Covered |
| **Inlays** | Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and $50 deductible. | Covered as a class III service at 50% and $50 deductible. |
| **Crown buildups** | Covered as a class II service at 80% and $50 deductible if necessary for tooth retention. | Covered as a class III service at 50% and $50 deductible. |
| Oral Surgery | | |
| **Extractions (including surgical)** | Covered | Covered |
| **Alveoplasty (procedure to smooth or reshape jawbone)** | Covered when performed as part of other covered service. Not covered as a separate charge. | Covered |
| **Brush Biopsy** | Covered two times per benefit year. | Covered |
| Endodontic | | |
| **Root canal and treatment** | Covered; retreatment not covered for same tooth by same dentist within 24 months. Initial service should include retreatment within this timeframe if necessary. | Covered |
| **Pulpal therapy (pulp capping)** | Covered when pulp is exposed. | Covered |
| Periodontics | | |
| **Gum disease and supporting tissue treatment** | Covered | Covered |
| **Periodontal maintenance** | Covered as a class I service, 100% and no deductible. Two per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed. | Covered as a class II service at 80% and $50 deductible. |
| **Periodontal scaling and root planing** | Once per quadrant in any two-year period. | Covered |
| **Periodontal splinting** | **Not Covered** | Covered |
| **Full mouth debridement** | Covered once in a three-year period if no cleaning (prophylaxis) occurred within preceding 24 months. | Covered |

| Covered Dental Services: Class II – Restorative | | |
|---|---|---|
| | Standard Plan | Legacy Plan |
| **Anesthesia** | | |
| **Nitrous Oxide** | Covered | Covered |
| **General anesthesia / IV sedation** | Covered for surgical procedures only or if needed due to a medical condition. | Covered |
| **Other** | | |
| **Palliative care** | Covered | Covered |
| **Apicoectomy (surgical removal of root tip)** | Covered | Covered |
| **Denture repair** | Covered as a class III service, 50% coverage and $50 deductible | Covered |
| **Denture reline** | Covered as a class III service, 50% coverage and $50 deductible | Covered |
| **Denture adjustments** | Covered as a class III service, 50% coverage and $50 deductible | Covered |
| **Tissue conditioning** | Covered as a class III service, 50% coverage and $50 deductible | Covered |

| Covered Dental Services: Class III – Prosthetic | | |
|---|---|---|
| | Standard Plan | Legacy Plan |
| **Restorative** | | |
| **Crowns (cast restoration)** | Covered once in seven-year period on any tooth. | Covered |
| **Onlays (cast restoration)** | Covered once in seven-year period on any tooth. | Covered |
| **Lab veneers (cast restoration)** | Covered once in seven-year period on any tooth. | Covered |
| **Crown buildups** | Covered as a class II service at 80% and $50 deductible if necessary for tooth retention. | Covered as a class III service at 50% and $50 deductible. |
| **Inlays** | Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and $50 deductible. | Covered as a class III service at 50% and $50 deductible. |
| **Porcelain restorations** | Covered for visible teeth. Coverage limited to cost of metallic prosthetic if placed on upper second or third molars or lower first, second, or third molars. | Not covered if tooth can be restored with amalgam (metallic) filling. Coverage limited to appropriate charges for amalgam or similar material. |

Please refer to the *AlaskaCare Defined Benefit Retiree Insurance Information Booklet* for the full list of benefits. Where this application conflicts with the plan document, the plan document controls.

## Other Health Plan Information

### *Coordination of Benefits*

The AlaskaCare health plans coordinate benefits with other group health care plans to which you or your covered dependents belong.

You may be covered both as a retiree and as a dependent of another covered retiree or you may have more than one health plan. If that occurs, you will receive benefits from both plans (except for Long-Term Care which prohibits double AlaskaCare coverage). However, the benefits received will be subject to the coordination of benefits provisions as indicated in this section. Coordination of benefits assures no one receives more than 100% of covered benefits.

### *Order of Payment for Coordination of Benefits*

To pay benefits, health plans must determine which plan pays first. Like most other health plans, the AlaskaCare plans follow the standard coordination of benefits rules adopted by the National Association of Insurance Commissioners.

Examples of common coordination of benefits (COB) situations and rules:

| If You Are Covered Under… | How the Plans Pay |
|---|---|
| Active employee plan and retiree plan<br>• A plan covering the person as a retiree is secondary to a plan covering that person as an active employee. | **Primary:** Active employee plan<br>**Secondary:** Retiree plan |
| Retiree plan and as dependent under another person's plan through active employment<br>• The plan covering the retiree directly, rather than as a dependent, is the primary plan. | **Primary:** Retiree plan<br>**Secondary:** Other person's plan |
| Retiree plan and Medicare-eligible<br>• The retiree plan is secondary to Medicare, except if Medicare is provided before age 65 due to end stage renal disease. Then the retiree plan remains primary for 30 months after Medicare was effective. | **Primary:** Medicare<br>**Secondary:** Retiree plan |
| Two AlaskaCare retiree plans | **Primary:** Plan in force the longest<br>**Secondary:** Other plan |
| Retiree plan, as dependent under another person's plan through active employment, and Medicare-eligible<br>• This order may differ if you are not eligible for Medicare Part A at no cost to you. Contact the Medicare Information Office for more details. | **Primary:** Other person's plan<br>**Secondary:** Medicare<br>**Pays third:** Retiree plan |
| Active employee plan, retiree plan, as dependent under another person's plan through active employment, and Medicare-eligible | **Primary:** Active employee plan<br>**Secondary:** Other person's plan<br>**Pays third:** Medicare<br>**Pays fourth:** Retiree plan |

- If a child is covered under both parents' plans, the plan of the parent whose birthday falls earlier in the year is the primary plan. If both parents have the same birthday, the plan that has covered a parent longer is the primary plan.

**If none of these rules apply, the plan that has covered you longer is the primary plan.**

For further information and details on coordination of benefits, please see the *AlaskaCare Defined Benefit Retiree Insurance Information Booklet.*

It is your responsibility to report the existence of benefits payable under any plan, and to file for those benefits.

### *Effects of Medicare*

You and your eligible dependent must elect Medicare Part A and B at age 65, regardless of any other coverage you have.

If you or your eligible dependent are eligible for Medicare coverage (and most people are eligible at age 65), the benefits available under the retiree plan will become supplemental to your Medicare coverage. The claims administrator will assume that you and/or your dependents have coverage under both Medicare Part A and Part B when you or your dependent reach age 65. If you are not provided with Medicare Part A free of charge, you should submit a copy of your letter from Medicare to the Division. **Everyone is eligible for Medicare Part B.**

**If you do not enroll in Medicare Part B coverage, the estimated amount that Medicare would have paid will be deducted from your claim before processing by this plan. If you receive care outside the United States, Medicare does not cover your expenses and the retiree plan will take this into account when processing your claims.**

### Medicare Part D

You do NOT need to enroll in an individual Medicare Part D plan. Once you become eligible for Medicare, you must provide your Medicare number (MBI) to the Division for enrollment in the AlaskaCare enhanced Employer Group Waiver Program (EGWP). This is a group Medicare Prescription Drug Plan (PDP) that includes comprehensive drug coverage that is the same as that offered to non-Medicare eligible members.

### Income Related Monthly Adjustment Amount (IRMAA)

Certain high-income retirees are required to pay an extra premium surcharge, known as an Income Related Monthly Adjustment Amount, or IRMAA. If you are charged a Medicare Part D IRMAA premium surcharge for your prescription drug coverage, the Division of Retirement and Benefits will reimburse you for the full cost of the Medicare Part D premium surcharge each month, through a tax-advantaged Health Reimbursement Arrangement (HRA) account. Please visit *AlaskaCare.gov* for more information and how to request reimbursement.

## Long-Term Care (LTC)

The Long-Term Care (LTC) plan has a pre-existing conditions limitation.

No benefits are payable for any covered Program of Care provided or begun prior to the effective date of your coverage or during the first 12 months of coverage if caused by a pre-existing condition. Pre-existing conditions are conditions for which you received diagnosis, tests, or treatment (including taking medication) during the three consecutive months before the most recent day you became covered under this plan. For example, if your coverage begins on April 1, a pre-existing condition would be one for which you received diagnosis, testing or treatment during January, February, and/or March.

You may elect to cover your spouse if you elect coverage for yourself before the effective date of your retirement. You may be legally separated from your spouse but not divorced.

Spouses of benefit recipients who lose coverage because of death or divorce may elect coverage for themselves only and may not elect coverage for a new spouse. If you choose coverage for yourself only because you are not married at the time you retire, or if you remarry following divorce or the death of your spouse and elect coverage for yourself, you may request in writing to cover your new spouse. Your new spouse will be required to provide information on his or her health and will be subject to approval or denial by the claims administrator.

You may be covered by only one AlaskaCare LTC plan at a time. If you are covered by your own LTC plan, your spouse cannot have LTC coverage for you under their retirement benefit. If you are covered under your spouse's LTC plan, notify the Division when you retire, so the LTC coverage can be moved to your own retirement benefit or terminated if you elect a new option.

Premiums are based on your or your spouse's age at the time coverage begins. You pay the premiums for this coverage through deduction from your monthly retirement check. You self-pay premiums directly to the claims administrator if your monthly retirement check is insufficient to pay your premiums. Your premium does not increase with age; however, overall premiums are subject to change. When premiums change, you will pay the new rate for the age you were at the time you enrolled in the plan.

### *Long-Term Care Plan Comparison*

| | Silver Option | Gold Option | Platinum Option |
|---|---|---|---|
| **Lifetime Maximum and Inflation Protection** | $400,000 Maximum<br>No inflation protection. | $300,000<br>Simple inflation protection at 5% of original benefit each year. Applied annually to daily and lifetime benefit amounts until the covered member reaches age 85. | $300,000<br>Compound inflation protection at 5% of the prior year's benefit each year. Applied annually to daily and lifetime benefit amounts until the covered member reaches age 85. |
| **Deductible** | 90 days of covered Long-Term Care. | | |
| **Benefit Eligibility** | Inability to perform 2 of 6 activities of daily living or severe cognitive impairment. | | |
| **Nursing Care Facility Daily Benefit** | $200 per day | | |
| **Assisted Living Facility Daily Benefit** | $150 per day | | |
| **Home Health Care Daily Benefit** | $125 per day | | |
| **Hospice Care Daily Benefit** | $125 per day | | |
| **Respite Care Daily Benefit** | Up to $200 per day, maximum of 14 days per calendar year. | | |
| **Pre-Existing Condition Limitation** | Yes. | | |
| **Coverage Begins** | Effective date of retirement. New spouse's coverage begins the first of the month following approval, if requested after retirement. | | |
| **Coverage Ends** | When pension benefit is no longer being paid or when required premiums are not paid. | | |

### *Example of Inflation Protection*

| | Nursing Facility Daily Benefit | | Lifetime Maximum Benefit | |
|---|---|---|---|---|
| **Year** | **Simple Inflation (Gold)** | **Compound Inflation (Platinum)** | **Simple Inflation (Gold)** | **Compound Inflation (Platinum)** |
| **Start** | $200 | $200 | $300,000 | $300,000 |
| **5** | 250 | 255 | 375,000 | 382,884 |
| **10** | 300 | 326 | 450,000 | 488,668 |
| **15** | 350 | 416 | 525,000 | 623,678 |
| **20** | 400 | 531 | 600,000 | 795,989 |
| **25** | 450 | 677 | 675,000 | 1,015,906 |
| **30** | 500 | 711 | 750,000 | 1,296,583 |

This example of inflation protection is illustrative only. Increases in inflation protection will end when the covered member reaches age 85.

## Limitations and Exclusions

The following services are not covered and no benefits are payable for:

- a loss caused by declared or undeclared war or any such act
- a loss caused by a suicide attempt or an intentionally self-inflicted injury
- a confinement in a government institution, unless the covered individual is legally obligated to pay a charge
- services received or expenses incurred on any day the covered individual is confined to a hospital
- services or expenses that are covered by the AlaskaCare retiree group medical plan
- services received or expenses incurred outside the United States
- services provided by a person who usually resides in the covered individual's home or is a member of the covered individual's family, or when the person performing the service normally does not charge for the service
- services received for which the covered individual is not legally obligated to pay
- services received which are covered by Medicare
- services provided or required because of the past or present service of any person in the armed forces of a government
- services provided or required under any law or governmental program except Medicaid

**If you have questions on actual coverage under this plan, contact the Member Education Center toll-free at (800) 821-2251 or in Juneau at (907) 465-4460.**

## Frequently Asked Questions

### *My spouse is retired and has the LTC plan for both of us. Can I elect LTC too?*

You may not have two LTC plans for either you or your spouse If your spouse has LTC, you may either keep the coverage you have under that plan or you may elect a different LTC option for you, your spouse, or both of you under your benefit. If you elect to keep the LTC your spouse has for you, be sure to let the Division know so that your coverage/premium can be moved to your retirement benefit.

### *What if my check isn't enough to pay the premium(s) for my health benefits?*

You may pay the premium directly to the claim administrator—the Division will provide you with the forms and procedure to do this after your benefit is calculated.

### *Can I have two DVA plans?*

Yes. If you have a second retirement (you retire from TRS and then from PERS, for example), you may elect coverage under both plans. Or if you are covered by your spouse, you may elect to have a second plan for yourself or yourself and your eligible dependents.

The benefit to having two DVA plans is they coordinate to pay 100% of covered expenses. For example, a filling is covered at 80% under one plan and the second plan pays the remaining 20%. In addition, any annual dollar limits are doubled. For example, the dental plan has a $2,000 maximum and each plan pays up to $2,000, for a total of $4,000, for covered expenses. Service limits, one eye examination per year for example, are not doubled.

### *What are some of the differences between the standard and the legacy dental plans?*

**Standard Dental Plan**

- Features an additional dental network, Delta Dental's PPO network, with deeper discounts that save you more money when you use a network dentist. This allows you to receive coverage for more services before you reach your annual benefit maximum. Standard plan members can also access lower rates from dentists who participate in Delta Dental's broader Premier dental network.

- Supports evidence-based coverage limitations, including those developed by the American Dental Association, such as frequency and age limitations for exams, cleanings, and periodontal maintenance.
- Pays less if you visit an out-of-network dentist.
- Has lower premiums.

**Legacy Dental Plan**

- Does not have pre-determined frequency or age limitations on most services.
- Features a wide dental network, Delta Dental's Premier dental network, that saves you money when you use a network dentist.
- Pays out-of-network dentists at a higher rate.
- Has higher premiums.

Some dental procedures fall into different service classes, depending on which plan you elect. If you would like to know how a specific service would be covered under each plan, call Delta Dental of Alaska at (855) 718-1768.

### *What if I travel or live outside the United States?*

Your medical and DVA coverage is good worldwide, with the exception of the travel benefit which is only available for medical services in the contiguous United States and the states of Alaska and Hawaii. You may have to pay the cost of the claim up front and file for reimbursement. LTC is not available outside the United States.

### *How is this plan different from the plan I have while I'm working?*

The retirement systems cover over 200 employers in Alaska, all with different health plans. It is impossible to replicate or be familiar with all the different plans. However, the retiree plan is different from the State's plan for active employees and from any other employer plan of which we are aware. For additional information on the Long-Term Care plans, visit *AlaskaCare.gov.*

### *Where can I go to find the health plan third-party administrator contacts?*

Please refer to the *AlaskaCare Defined Benefit Retiree Insurance Information Booklet* or visit *AlaskaCare.gov.*

# Section V. Rights of Spouses and Dependents

Under the TRS, there are provisions that recognize the rights of spouses and dependents to receive TRS benefits. These provisions:

- require that the benefit payable to a married member who retires be in the form of a Joint and Survivor (J&S) pension, unless the spouse consents to another form of benefit; and
- allow a former spouse to be treated as a spouse/surviving spouse of a member, to the extent required in a qualified domestic relations order (QDRO), as part of the property settlement in a divorce or dissolution judgment. Rights of a former spouse and dependents under a QDRO may take precedence over other rights under the retirement system statutes.

If you wish to continue both pension benefits and health benefits to your spouse in the event of your death, you must have elected a survivor option, otherwise all benefits cease at your death.

If you were married during your TRS service, and subsequently your spouse has died, you will need to submit a **certified** copy of the death certificate when you apply for your benefits.

If you remarry you will need to submit a **certified** copy of the marriage certificate for retirement and/or health insurance purposes.

## Joint and Survivor Options

There are various types of benefits available, including the 50% and 75% Joint and Survivor (J&S) options and the 66-2/3% Last Survivor. Your election is irrevocable and is applicable to your spouse at the time of retirement only, unless you have paid into the 1% Supplemental Contribution Option for at least 5 years prior to your retirement. The 1% Supplemental Contribution Option does not apply to anyone hired after July 1, 1982.

Selection of any one of the J&S options will provide a continuing, lifetime monthly benefit, including eligibility for health benefits, to your spouse or other eligible dependent if you die before your spouse or other eligible dependent. If you were hired after July 1, 1990 (Tier II), your spouse must be age 60 to be eligible for health benefits, unless you retired with 25 years of service.

If you do not choose a J&S option, all benefits, including medical, cease at your death.

Married members are required by TRS statutes to select a J&S option when they retire. This requirement will be waived if a member's spouse gives written consent to another type of benefit to the TRS administrator.

The 50% J&S option is automatically required when (1) a member fails to select a J&S option, and the spouse does not consent to another type of benefit, or (2) a member dies prior to the effective date of retirement (even if an application designating a different J&S option was previously submitted).

If the spouse consents, the member may select another retirement option (normal or early) that will pay monthly benefits to the member during his or her lifetime, **but will not pay monthly benefits to the spouse after the member's death.** The spouse's consent to another type of benefit may be made **before** the member's retirement date on the *Application for Retirement Benefits* in Section II C.

A joint and survivor benefit election will reduce your regular retirement benefit.

**Caution:** Under the 66-2/3% Last Survivor option, your entire benefit will be reduced to the 66-2/3% survivor benefit if your spouse dies first. Only a spouse of the member at the time the member retired may be treated as a surviving spouse.

**A joint and survivor option elected at retirement is irrevocable.**

## Supplemental Contributions

Members who first entered the TRS before July 1, 1982, who elected participation in the 1% Supplemental Contribution program receive survivor benefits or a spouse's pension with no reduction to their retirement benefit if the member paid 1% supplemental contributions for at least five years immediately before terminating TRS employment.

If you choose to stop your contributions prior to retirement, you waive your right to this benefit. Your written request to stop your contributions must be received at the Division prior to your retirement date. Your contributions are non-refundable.

## Dependent Child

A monthly survivor's allowance is payable if a deceased member has dependent children and meets the eligibility requirements.

The survivor's allowance is based on the member's annual base salary immediately before the member's retirement. The monthly allowance is calculated by multiplying that salary by the percentage listed below and dividing by 12 months.

- 10% for each dependent child up to a maximum of four children (40%). The allowance ceases when a child is no longer eligible.
- 35% for an eligible spouse. The spouse must be legally responsible for the member's dependent child(ren). This allowance is paid in addition to the above dependent child's allowance. When a child is no longer eligible for the dependent child's allowance, the survivor's allowance ceases and the spouse becomes eligible for the spouse's pension.
- 10% for each court-appointed guardian up to a maximum of four guardians (40%) if there are four or more children. This allowance is limited to one guardian (10%) for each child and is in addition to the dependent child's allowance. When there is no longer a dependent child eligible for an allowance, the guardian's allowance ceases. If a spouse is eligible for the spouse's allowance, a guardian's allowance will not be paid.

A dependent child is an unmarried child of a member, including one adopted, who is dependent upon the member for support and is under age 19, or 23 if registered as a full-time student and attending an accredited educational or technical institution recognized by the Department of Education and Early Development. There is no age restriction if the child is totally and permanently disabled.

## Spouse's Pension

A monthly spouse's pension is payable to the surviving spouse if there are no dependent children and the eligibility requirements have been satisfied. The spouse's pension is equal to:

- 50% of the member's retirement benefit, including post retirement pension adjustments (PRPAs), at the time of the retired member's death; or
- 50% of the normal retirement benefit that would have been payable had the member been retired (see Benefit Formula on page 6).

## Beneficiary Designation

If you are married at the time of your death and you were married to the same person during part of your TRS employment, your spouse is automatically your beneficiary, regardless of your written designation, unless:

- your spouse consents to another beneficiary; or
- another person (such as a former spouse) is eligible for the benefits under a qualified domestic relations order (QDRO). That person would be entitled to the portion of the benefit that is ordered by the QDRO.

If you fail to designate a beneficiary, or if no designated beneficiary survives the employee, the administrator will pay the death benefit

1) to the surviving spouse or, if there is no surviving spouse;
2) to the surviving children in equal parts or, if there is none surviving;
3) to the surviving parents in equal parts or, if there is none surviving;
4) to the employee's estate.

See *Designation of Beneficiary* in the *TRS Information Handbook* for more information.

## How a Divorce Affects Retirement Benefits

If you have been divorced or had your marriage dissolved during your TRS employment, you are required to submit a court-certified copy of your divorce decree and the property settlement agreement or your petition for dissolution.

Following a post retirement divorce/dissolution, an ex-spouse who was married to a member when the member retired and elected a joint and survivor option continues to be eligible for the survivor benefit (and any associated medical benefits) in the event of the death of the member. A future spouse of a retired member who married the member AFTER the member retired may not be treated as a surviving spouse under any circumstances. A former spouse may be eligible for all or part of a TRS benefit under a qualified domestic relations order (QDRO).

## Required Information in the Event of a Divorce

Individuals who are entitled to benefits because of a qualified domestic relations order (QDRO) must file evidence of their entitlement with the TRS administrator to protect their rights.

Evidence of entitlement (court-certified divorce or dissolution decree, or QDRO) should be filed with the TRS administrator immediately after the change in marital status.

# Section VI. Taxes and Your Benefits

TRS benefits are taxable by the federal government as soon as they are received. Division of Retirement and Benefits employees do not give tax advice. Please see your tax advisor for information regarding the level of taxation you should select.

## Tax Excludable Benefits

Pension benefits are taxable by the federal government upon receipt. However, a portion of your monthly benefit may be tax excludable if you paid contributions to the system prior to 1991 or made taxed contributions for an indebtedness.

The federal government requires that the tax excludable amount be calculated based on your total contributions which have been taxed and a factor which takes into account your life expectancy. If a survivor's benefit will be payable after your death, your spouse's life expectancy will also be taken into account.

This results in a payout of your tax-excludable contributions over your expected lifetime and your spouse's, if a survivor's benefit will be payable after your death.

You will be notified of the tax excludable portion upon your appointment to retirement.

Monthly survivor's benefits are taxable by the federal government upon receipt. However, a portion of the monthly survivor's benefit may also be tax excludable depending on the member's circumstances at the time of death.

## Federal Income Tax Withholding

At the time of retirement, you will need to complete a Withholding Certificate for Pension or Annuity Payments (W-4P).

You may change your withholding option at any time by submitting a new Withholding Certificate for Pension or Annuity Payments (W-4P).

Federal income tax will automatically be withheld from your benefit if, when you are appointed to receive monthly benefits, you do not complete the included IRS form W-4P. The tax rate for a single person with zero allowances will be used to determine the withholding amount.

**If you do not specify your withholding allowances, the Division will default your withholding to single and zero exemptions.**

## Tax Consequences of Reemployment with the Same Employer During the Required Break-in-Service Period

Retirees may incur additional tax penalties if they reemploy with the State of Alaska in any capacity without observing the break-in-service requirements. Please refer to *Section X. Working After Retirement: Retiree Return to Work Policy (Bona Fide Separation of Employment),* page 32 for more information.

## State Income Tax if You Live Outside of Alaska

Although Alaska does not have a state income tax, members who live outside Alaska may be required to pay state and local income taxes on benefits that they receive. The Division of Retirement and Benefits will not withhold state income taxes. Check with a tax expert in your area for more information.

# Section VII. After-Retirement Benefit Increases

## Alaska Cost-of-Living Allowance (COLA)

The Alaska Cost-of-Living Allowance (COLA) was developed in 1966 to help retirees who remain principally domiciled in the State of Alaska, to defray some of the higher cost of living in Alaska. The amount of COLA for eligible participants is 10% of their final base retirement benefit per month. Eligible members must be principally domiciled and physically present in the state to receive this benefit.

If you reside in Alaska after you retire, you may receive an Alaska COLA in addition to your regular monthly benefit. COLA is equal to 10% of your base benefit. (Please refer to *What Tier Am I?* on page 2 of the introduction of this booklet for eligibility information.)

If you are not eligible for COLA at retirement, but will become eligible at age 65, you must apply for COLA on the *Application for Alaska Cost-of-Living Allowance* form (02-1896). The form is available on the Division of Retirement and Benefits website at *drb.alaska.gov*. **Receipt of COLA is not automatic.**

"Residing in Alaska" means domiciled and physically present in Alaska. A domicile is that place where you have your true, fixed, and permanent home and principal establishment and to which, whenever you are absent, you intend to return. An absence exceeding 90 days constitutes a break in residency for COLA purposes. If you receive a property tax exemption, or any other exemption or benefit, in another state based on claiming legal residency in that state, you are not eligible for Alaska COLA.

**If you receive Alaska COLA to which you are not entitled, you must repay the amount received in error, plus interest.** For example, if you left Alaska with the intent to return within 90 days, but did not return until the 91st day or later, you must repay COLA back to the day you left Alaska.

Example of 90-day rule:

| Day Left Alaska | Day Return to Alaska | Number of Days | Result |
|---|---|---|---|
| 09/01/2022 | 11/30/2022 | 90 | No Overpayment |
| 09/01/2022 | 12/01/2022 | 91 | Overpaid for September, October, November and possibly December |

## Post Retirement Pension Adjustments (PRPA)

Your TRS benefit will grow over time if there are increases in the Consumer Price Index for Urban Wage Earners in the Anchorage area. The PRPA is paid to all eligible retirees regardless of where they live. (Please refer to *What Tier Am I?* on page 2 of the introduction of this booklet for eligibility information.)

The amount of the PRPA will depend upon the recipient's age and how long the recipient has been receiving TRS benefits.

PRPAs are calculated effective July 1 each year by multiplying the recipient's base pension benefit, including any prior PRPAs, multiplied by:

- 75% of the cost-of-living increase in the preceding calendar year or 9%, whichever is less, if the recipient is at least age 65 or on TRS disability on July 1; or
- 50% of the cost-of-living increase in the preceding calendar year or 6%, whichever is less, if the recipient is at least age 60 or has been receiving TRS benefits for at least eight years as of July 1.

Eligible recipients who have not received pension benefits during the entire preceding calendar year will receive a prorated PRPA.

If selecting a 50% or 75% Joint and Survivor option, the survivor will receive a reduction in all PRPAs accrued during the member's retirement, if the member predeceases their spouse. If selecting the 66-2/3% Last Survivor option, your entire benefit will be reduced to the 66-2/3% survivor benefit if your spouse dies first. This includes a reduction in all PRPAs you accrued in retirement.

# *Section VIII. Life Insurance*

## Converting Employer-Sponsored Life Insurance Plans

If you are participating in a group life insurance plan sponsored by your employer, you may be able to convert this coverage to a private policy. Please contact your employer's human resources office for more information.

## State of Alaska Sponsored Life Insurance Plan

State of Alaska employees, political subdivision employees, and Department of Education and Early Development employees participating in the State of Alaska Select Life Insurance benefits may elect to continue this coverage under the Retiree Optional Life plan. Premiums are calculated based on your final salary and will be deducted from the monthly benefit check. Decreases are allowed to the plan post-retirement with the following rules:

- Decreases in coverage are allowed upon appointment to retirement or one time each calendar year after.
- Decreases are allowed in $5,000 increments.
- To request a decrease in coverage, complete and submit the *Retirees Select/Optional Life Insurance Continuation/ Waiver* form (02-1858), or decrease the level of coverage on page F-9 of the *Retirement Application*.
- Coverage may not be decreased below a total of $5,000.
- Once decreased, coverage may never be increased under this plan.

Premium increases occur in January based on your age category. For more information on premiums, visit our website at *drb.alaska.gov*.

# Section IX. Unused Sick Leave

When you retire, you may receive additional TRS credit by claiming your unused sick leave. To be eligible:

- you must have been an active TRS member after June 30, 1977; and
- your claim for unused sick leave, as verified by your last employer, must be received by the TRS no later than one year after you are appointed to retirement.

Retired members who return to work under the TRS may claim unused sick leave earned while they are reemployed in the TRS. Unused sick leave earned while a member is participating in the University of Alaska's optional retirement program is not creditable in the TRS.

Contributions are not required for sick leave credit. Sick leave is credited on a day-for-day basis according to the current Membership Service Chart (only full days are creditable). For example, 172 days of sick leave equals 1.0 year of credit.

Unused sick leave credit will be added to your TRS service and your retirement benefit will be increased after you are retired for a period equal to the number of sick leave days claimed. The benefit increase will be effective on the first of the month following that date.

For instance, if you are claiming 94 days of sick leave, you will receive an additional 0.5 year credit on the first of the month after your 94th day of retirement. If you retired on July 1, your benefit would increase on November 1 (October 2 is the 94th day), and the check paid to you at the end of November would be larger.

**It is your responsibility to ensure the *Claim and Verification of Unused Sick Leave Credit* form (trs021) is received by the Division. Your claim must be verified by your employer and received by the Division within one year of your retirement date.**

# Section X. Working After Retirement: Retiree Return to Work Policy (Bona Fide Separation of Employment)

## Reemployment with a Non-TRS Employer

TRS members may work for any non-TRS employer or in a nonpermanent or temporary position with a TRS employer without affecting their retirement benefits.

Returning to TRS-covered employment, however, will cause your retirement benefit to cease. Special restrictions exist for members who retire under a Retirement Incentive Program (RIP).

## Returning to Work with a TRS Employer After a Normal Retirement

Normal retirement is defined as retiring with either age or service eligibility for an unreduced retirement benefit. Normal age retirement is age 55 for Tier I and age 60 for Tier II, or 20 years of membership service. (Normal retirement does not include RIP retirees.)

**Non-permanent and temporary positions with the same employer are subject to the Bona Fide Separation of Employment rules.**

If you return to work in a permanent full-time or part-time TRS-eligible position after retirement, your retirement benefits are stopped and you earn a second pension benefit based on the service and salaries earned during the second period of employment.

It is your responsibility to notify the Division if you have returned to work in a TRS-eligible position so your benefit can be stopped and you can avoid an overpayment of benefits.

If you return to work with a TRS employer and you elected any level of Long-Term Care (LTC) at your normal retirement, you must pay the monthly LTC premiums directly to the vendor. If you do not make direct payments during your return to work, you will not be covered and will not be able to elect LTC at the time of your second retirement.

## Returning to Work With a TRS Employer After an Early Retirement

If you retire under the early retirement provisions and subsequently return to TRS-covered employment, your retirement benefits will stop and you will earn a second pension benefit based on the service and salaries earned during the second period of employment. This benefit will have an actuarial increase based on the duration of your reemployment and the difference between your early retirement compared to a normal retirement benefit.

**Caution:** A retired teacher who returns to a TRS-participating position and earns a full year of service will have their retirement benefits stopped effective July 1 of the school year employed.

**Non-permanent and temporary positions with the same employer are subject to the Bona Fide Separation of Employment rules.**

## Employment in any Capacity with the Same Employer After Retirement

The TRS retirement plan established by AS 14.25.000 – 14.25.220 is intended to qualify under 26 USC 401(a) and 414(d) of the Internal Revenue Code (IRC) as a qualified governmental retirement plan. To preserve the qualified status of the TRS, the Division must adopt and enforce IRC regulations. The IRC and Alaska law require a bona fide termination of the employee/employer relationship.

TRS retirees may not return to employment with the same employer in any capacity without observing the required break-in-service periods and must have no pre-arrangement for re-employment prior to their retirement date.

**Non-permanent and temporary positions with the same employer are subject to the Bona Fide Separation of Employment rules.**

A retiree who has a pre-arrangement for employment prior to retirement will be considered to not have had a valid termination of employment, invalidating their retirement. **All retirement benefits paid, including medical claims, will be required to be repaid to the system.**

A retiree who has no pre-arrangement for employment who returns before the required break-in-service period has elapsed will have their retirement benefit suspended until the retiree has terminated employment. The retiree will have to serve a new break-in-service period after the termination before they can be reemployed in any capacity by the same employer. ***If a retiree is under 59-1/2, all retirement benefits received will be reported to the Internal Revenue Service as an early distribution and the retiree may be subject to tax penalties.***

Once you have had a required break-in-service period, you many again employ with same employer, in a position that is not TRS-contributing.

## Break-in-Service Requirements

Retirees age 62 or older may return to employment with the same employer after a 60-day break in service. Retirees younger than age 62 may return to employment with the same employer after a six-month break in service.

## Additional Resources

The *TRS Information Handbook* is available at *drb.alaska.gov*.

# *Contacting the TRS*

When contacting the TRS, please have your Social Security number or Retirement Identification Number (RIN) available.

## Member Education Center

Toll-Free . . . . . (800) 821-2251
In Juneau . . . . . (907) 465-4460
Fax . . . . . (907) 465-3086
TDD *for the hearing impaired* . . . . . (907) 465-2805
Email . . . . . doa.drb.mscc@alaska.gov

## Mailing Address

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

## Physical Address

6th Floor, State Office Building
333 Willoughby Ave.
Juneau, AK 99801

# drb.alaska.gov

Alaska Teachers' Retirement System
Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203
Toll-Free: (800) 821-2251
In Juneau: (907) 465-4460

**drb.alaska.gov**

# TRS RETIREMENT APPLICATION

**TO ALLOW TIMELY PROCESSING OF YOUR RETIREMENT APPLICATION, ALL AREAS OF THE APPLICATION FORM MUST BE COMPLETED. FAILURE TO COMPLETE THE APPLICATION WILL DELAY THE PROCESSING OF YOUR APPLICATION AND THE PAYMENT OF YOUR BENEFIT.**

This packet includes a retirement application form. Your application form must be received by the Division or postmarked no later than the last day of the month prior to your desired retirement effective date.

All retirement effective dates for eligible retirees are the first of the month following termination of employment and receipt of the retirement application. If you have served a full school year this year, your effective date for retirement is July 1 if your retirement application is received before that date. Health insurance coverage is effective on the date of your retirement if you enroll in the plans and the required premiums are paid either by direct deduction from your retirement check or self-payment to the health plan.

## To avoid delays:

- ***Bona Fide Termination:*** Ensure you will have a bona fide termination from your employer. See *Section X. Working After Retirement: Retiree Return to Work Policy (Bona Fide Separation of Employment)*, page 32.
- ***Evidence of Date of Birth and Marriage:*** Provide evidence of date of birth and proof of marriage.
- ***Divorce or Dissolution:*** If you have been divorced or had your marriage dissolved during your TRS employment, you must provide a court-certified copy of your divorce or dissolution documents. You will not be appointed to retirement until all required court-certified documents are received.
- ***Claimed Service:*** Submit any applications for claimed service at least 6 weeks prior to your retirement effective date.
- ***Signature Required:*** You must sign your application on page F-10. To avoid delays in health coverage reporting, we request you file your application 60 days prior to your retirement effective date.

**IMPORTANT NOTICE!** When your retirement application has been processed, you will receive a letter from the Division summarizing your elections. Please read this letter carefully and report any discrepancies between the letter and your intended elections immediately. Corrections to your elections can only be made within 15 days of the date you receive your appointment letter or your first benefit check, whichever is later.

## First Retirement Check

Pension benefits are paid at the end of each month. **The processing of your first benefit check can take approximately six weeks from your retirement effective date.** Once your application has been processed, benefit checks will be automatically issued at the end of each month.

If you have elected electronic direct deposit, your checks will be electronically deposited into your bank account once the pre-notification process has been completed. The pre-notification process typically occurs around the 13th of each month. Please be aware that if we are unable to process your retirement before the pre-notification process, your first benefit check may be delivered to your mailing address. You can view a detailed accounting of your deposit online each month at *myRnB.alaska.gov*.

Pull this application form out from the center of the booklet and mail your completed forms to:

**Alaska Teachers' Retirement System**
**Division of Retirement and Benefits**
**P.O. Box 110203**
**Juneau, AK 99811-0203**

Your application also may be emailed to *doa.drb.RetirementProcessing@alaska.gov* or faxed to (907) 465-3086.

# TRS RETIREMENT APPLICATION INSTRUCTIONS

To allow timely processing of your retirement application, all areas of the application form **MUST** be completed. We have included this instruction sheet to assist you. If you have any questions regarding the benefits you are electing on the application form, please contact the Division of Retirement and Benefits toll-free at (800) 821-2251 or in Juneau at (907) 465-4460 and speak to a retirement counselor.

**I.** **Employee Information.** Your Retirement Identification Number (RIN) can be found on your annual statements. Be sure to include a personal telephone number and your personal email address so TRS processing staff can reach you if there is any problem with the processing of your application or if additional information is required.

**II.** **Pension Benefit Election.** If you are married: See *Section V. Rights of Spouses and Dependents*, page 25, for an overview of the benefit elections. If you are married, you must elect a survivor option unless your spouse waives continuing benefits. You must provide a marriage certificate and evidence of your spouse's date of birth. In Section A or B, you will complete the information regarding your survivor and choose the level of continuing survivor benefits you wish to provide.

If you are married and wish to make an election from Section C, you must have your spouse waive their right to a survivor benefit. **Once waived, all benefits, including medical insurance, cease at your death if you choose no survivor option.**

If you are single, you must choose a benefit option from Section C.

Incapacitated Dependent Child: To elect an incapacitated dependent child as your survivor, you must submit medical documentation substantiating incapacity and dependency for review by the Administrator. If you are married, your spouse must waive their right to benefits. Approval by the TRS Administrator is required.

**III.** **Indebtedness Payment.** See *Section II: Pension Benefit Calculation,* page 6.

**IV.** **Application for Alaska Cost-of-Living Allowance (COLA).** See *Section VII: After Retirement Benefit Increases,* page 29.

**V.** **Electronic Direct Deposit Authorization.** Complete this section if you want your benefit electronically deposited directly to your financial institution. **You must attach a voided check (or the separate direct deposit form signed by your bank if depositing to a savings account) in the specified area.**

**VI.** **Unused Sick Leave Credit.** Be sure to send the Claim and Verification of Unused Sick Leave Credit form (trs021), page F-11, to your employer for verification. **It is your responsibility to ensure your employer completes the form and submits it to the Division within one year of your retirement date.** Alaska Statute prohibits the crediting of unused sick leave claims received more than one year after your retirement date.

**VII.** **Health Benefit Enrollment.** See *Section IV: Medical Benefits, Dental-Vision-Audio, and Long-Term Care Programs,* page 10. This may be your only opportunity to enroll.

**VIII.** **Retiree Health Dependent Enrollment.** See *Section IV: Medical Benefits, Dental-Vision-Audio, and Long-Term Care Programs,* page 10.

**IX.** **TRS Beneficiary Designation.** See *Section V: Rights of Spouses and Dependents,* page 25.

**X.** **Retiree Select Life Enrollment.** See *Section VIII: Life Insurance,* page 30.

**XI.** **Divorce/Dissolution.** If you were married at any time during your TRS service and your marriage ended by divorce or dissolution, you must submit **court-certified copies of your divorce or dissolution documents. You will not be appointed to retirement until all required court-certified documents are received.** See *Section V: Rights of Spouses and Dependents*, page 25.

**XII.** **Certification.** Please read this section carefully. Some of the benefit options you elect are irrevocable. Be sure you understand your options before you sign and submit this application. If you have any questions, please contact the Division and ask to speak to a retirement counselor.

You must certify you have read the information contained in *Section X. Working After Retirement: Retiree Return to Work Policy (Bona Fide Separation of Employment)* on page 32, explaining the requirements for a bona fide termination of employment. You must also certify that you do, or do not, have a pre-arrangement with your employer to return to work after retirement. If you do have a pre-arrangement to return to work with your employer, your retirement application will not be processed.

# TRS Application for Retirement Benefits

## I. EMPLOYEE INFORMATION

| NAME (FIRST, MI, LAST) | | | RETIREMENT IDENTIFICATION NUMBER (RIN) OR LAST 4 OF SSN |
|---|---|---|---|
| BIRTH DATE | SEX<br>☐ Male ☐ Female | MARITAL STATUS<br>☐ Married ☐ Divorced ☐ Single ☐ Widowed | DATE OF MARRIAGE |
| TELEPHONE NUMBER | PERSONAL EMAIL ADDRESS | | DATE OF DIVORCE |
| MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | |

## II. PENSION BENEFIT ELECTION

**I hereby apply for ☐ Early ☐ Normal**
**retirement benefits to become effective the 1st day of _____ (month), _____ (year).**

**If you have worked 172 days in this school year, your retirement effective date is July 1.**

**RETIREMENT OPTIONS. Choose from A, B, or C below. If widowed, please provide a certified copy of the death certificate.**

**A. SURVIVOR OPTION 1 (Married members. Only applicable to members hired before July 1, 1982.)**
**Survivor Information**

| NAME (FIRST, M.I., LAST) | DATE OF BIRTH |
|---|---|
| SOCIAL SECURITY NUMBER | RELATIONSHIP<br>☐ Spouse |

See *Section V – Rights of Spouses and Dependents* for information about designating an incapacitated child as your survivor.

☐ I have contributed to the 1% supplemental contribution program and I am entitled to continuing survivor benefits.

**B. SURVIVOR OPTION 2 (Married members)**
**Survivor Information**

| NAME (FIRST, M.I., LAST) | DATE OF BIRTH |
|---|---|
| SOCIAL SECURITY NUMBER | RELATIONSHIP<br>☐ Spouse ☐ Incapacitated Child |

See *Section V – Rights of Spouses and Dependents* for information about designating an incapacitated child as your survivor.

☐ I have not participated in the 1% supplemental contribution program and elect the survivor benefit I have checked below.

I elect: ☐ 75% Joint Survivor Option ☐ 50% Joint Survivor Option

☐ 66-2/3% Last Survivor Option. In selecting the 66-2/3% Last Survivor Option, I understand if my spouse dies first, my entire benefit will be reduced to 66-2/3% for the rest of my life. If I die first, my spouse will receive the 66-2/3% survivor benefit for the rest of his/her life.

| RIN OR LAST 4 OF SOCIAL SECURITY NUMBER |
|---|
| |

**C. NO SURVIVOR OPTION (Single members. If you are married, you may only choose this option if your spouse signs the waiver below. All benefits including medical coverage will cease upon the death of the applicant.)**

☐ Normal or Early Benefit: I do not elect a Survivor Option

**SPOUSE'S WAIVER OF SURVIVOR OPTION**

(Complete only if married and NOT selecting a survivor option.)

I acknowledge and approve the benefit selected. I understand the terms of the selection and that by signing this waiver **I freely waive entitlement to continuing survivor benefits, including health coverage,** which may otherwise be payable to me, upon the death of the named applicant. By signing this consent, I agree to waive my right to any benefits that would be paid to me and consent to the naming of another beneficiary.

| SPOUSE'S SIGNATURE | |
|---|---|
| PRINTED NAME | DATE |
| SPOUSE'S SIGNATURE WITNESSED BY (DIVISION OF RETIREMENT AND BENEFITS REPRESENTATIVE, NOTARY PUBLIC OR POSTMASTER) | |

On this _____ day of _____ 20____, (Spouse's Name) _____ personally appeared before me whose identity I proved on the basis of satisfactory evidence to be the signer of the participant signature above, and he/she acknowledged that he/she executed it.

| NOTARY PUBLIC | | RESIDING AT | SEAL OR POSTMASTER STAMP REQUIRED |
|---|---|---|---|
| STATE OF | BOROUGH/COUNTY OF | COMMISSION EXPIRES | |

## III. INDEBTEDNESS PAYMENT

☐ I HAVE NO INDEBTEDNESS

I hereby **irrevocably** elect:

- ☐ to pay my indebtedness in full prior to my retirement effective date.
  - ☐ by check
  - ☐ to pay my indebtedness by a pre-tax plan transfer (must initiate request for transfer prior to retirement)
- ☐ to cancel any outstanding indebtedness due by accepting an actuarial reduction to my benefit for life if it is monetarily beneficial to use the indebted service.
- ☐ Option I (benefits withheld until indebtedness paid—only for members who first entered before July 1, 1982.)

## IV. APPLICATION FOR ALASKA COST-OF-LIVING ALLOWANCE (COLA)

(See *Section VII: After Retirement Benefit Increases,* page 29, for eligibility requirements.)

By providing my physical address below, I hereby apply to receive the Alaska Cost-of-Living Allowance (COLA) payments to be effective the date of my appointment to retirement. I will notify the TRS whenever I plan to leave Alaska for a continuous period exceeding 90 days or when I have been out of Alaska for more than **90 days**. I understand if I am gone for 91 days or more, COLA will not be paid for the entire absence. **I understand I am required to repay any overpayments to the Division of Retirement and Benefits for COLA received during any ineligible periods.**

| PHYSICAL RESIDENCE ADDRESS (NOT A P.O. BOX) | | |
|---|---|---|
| CITY | STATE | ZIP |

RIN OR LAST 4 OF SOCIAL SECURITY NUMBER

## V. ELECTRONIC DIRECT DEPOSIT AUTHORIZATION

**By providing my bank routing number and account number I hereby authorize the electronic deposit of my benefit directly to my financial institution.** *NOTE: If you do not elect the direct deposit program, your warrant will be mailed to your correspondence address.*

I hereby authorize the State of Alaska to make net payroll warrant deposits to my account as indicated below:

Check One: ☐ Savings (Please submit a separate direct deposit form signed by your bank) ☐ Checking

**ATTACH A VOIDED CHECK HERE**
**(used to verify your bank transit routing and account number)**

By completing this section, I authorize the State of Alaska, if necessary, to make adjustments to the above account to correct any credit entries made in error. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours when an adjustment is made. This authority remains in effect as long as I am retired or until the State receives written notice from me. I understand that 30 days written notice is required to change financial institutions, account numbers, or type of account. I further understand direct deposit will begin ***after*** the above account information has been electronically verified.

I also understand that ***unless*** I inform the Division of Retirement and Benefits otherwise, the first payroll after such changes are made, my benefit will be ***electronically deposited*** to the previous financial institution. Changes ***do not*** take effect until the second payroll after the change was initiated.

Direct deposit is not available to financial institutions in foreign countries. **Due to federal regulations, funds cannot be transferred electronically if the funds will be forwarded to an account in another country.**

## VI. UNUSED SICK LEAVE CREDIT

You may be eligible to receive additional TRS credit by claiming your unused sick leave. To claim your unused sick leave, submit the *Claim and Verification of Unused Sick Leave* form (trs021) found at the end of this application to your last TRS employer for verification.

To receive additional credit, the completed verification form (page F-13) must be received by the TRS within one year of your retirement effective date. It is your responsibility to ensure this form is completed and returned to the Division of Retirement and Benefits.

☐ I wish to claim unused sick leave in order to increase my TRS monthly benefit, and have completed the necessary claim form enclosed at the back of this application.

☐ I understand that I have one year to claim my unused sick leave and the completed form must be returned to the Division of Retirement and Benefits no later than one year after the date of my retirement.

RIN OR LAST 4 OF SOCIAL SECURITY NUMBER

## VII. HEALTH BENEFIT ENROLLMENT

**Medicare-eligible applicants:** Please complete and return the Medicare Enrollment Verification form (ben097) on page F-19 to provide your Medicare Beneficiary Identifier (MBI = Medicare number) number and effective dates listed on your Medicare card. The Division needs to receive this information as soon as possible to avoid any enrollment issues or disruption in your coverage. Once we receive this information, watch your mailbox for additional information on the Enhanced Group Waiver Plan (EGWP) from OptumRx, the pharmacy benefit manager for AlaskaCare.

**MEDICAL BENEFITS (must mark a box)** **Premium Payment Required – See Premium Rate Card**

I elect the following medical coverage: ☐ **No medical coverage**

☐ I am eligible for system-paid AlaskaCare medical *(see pages 10-12 for eligibility requirements)*

☐ Retiree only ☐ Retiree and spouse ☐ Retiree and child(ren) ☐ Retiree, spouse, and child(ren)

**DENTAL-VISION-AUDIO BENEFITS (must mark a box)** **Premium Payment Required – See Premium Rate Card**

Choose **one** of the following DVA plan options: ☐ Standard Plan ☐ Legacy Plan ☐ **No DVA coverage**

Choose **one** of the following DVA coverage levels:

☐ Retiree only ☐ Retiree and spouse ☐ Retiree and child(ren) ☐ Retiree, spouse, and child(ren)

**LONG-TERM CARE BENEFITS (must mark a box)** **Premium Payment Required – See Premium Rate Card**

I elect the following **Long-Term Care (LTC)** option:

Retiree coverage:

☐ **No LTC coverage** ☐ Silver ☐ Gold ☐ Platinum

☐ I am covered under my spouse's LTC plan. Spouse's SSN _____

Spouse coverage *(may only elect if member is electing coverage)*:

☐ **No LTC coverage** ☐ Silver ☐ Gold ☐ Platinum Spouse's date of birth _____

☐ Transfer coverage from spouse's retirement Spouse's SSN _____

| RIN OR LAST 4 OF SOCIAL SECURITY NUMBER |
|---|
| |

## VIII. RETIREE HEALTH DEPENDENT ENROLLMENT FOR SPOUSE AND CHILDREN

Your spouse is considered a dependent for this purpose. If you do not provide your spouse's information, they will not be covered. Your child may be eligible up to age 19, and up to age 23 if a full-time student. Please refer to the instruction booklet for more detail regarding dependent eligibility. **Please complete the *Student Status Verification* form on page F-15 if applicable.**

Enrollment of your spouse requires evidence of marriage and date of birth. Enrollment of your dependent children requires evidence of date of birth. **Please complete the *Evidence of Birth Date – Spouse and Eligible Dependents* form on page F-17 if applicable.**

Please include the Medicare Beneficiary Identifier (MBI = Medicare number) number for all dependents over age 65.

### DEPENDENT INFORMATION

☐ I HAVE NO ELIGIBLE DEPENDENTS ☐ MY ELIGIBLE DEPENDENTS ARE LISTED BELOW
*(see pages 10-12 for eligibility. Attach additional sheets if necessary)*

**1.**

| DEPENDENT LAST NAME, FIRST, M.I. | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|---|---|---|
| | | |

RELATIONSHIP ☐ Spouse Date of Marriage _____
☐ Dependent Child ☐ Other Relationship (specify) _____

| SEX ☐ Male ☐ Female | Full-Time Student ☐ No ☐ Yes | MEDICARE BENEFICIARY IDENTIFIER (MBI) |
|---|---|---|

MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) – IF DIFFERENT FROM RETIREE'S

**2.**

| DEPENDENT LAST NAME, FIRST, M.I. | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|---|---|---|
| | | |

RELATIONSHIP ☐ Dependent Child ☐ Other Relationship (specify) _____

| SEX ☐ Male ☐ Female | Full-Time Student ☐ No ☐ Yes | MEDICARE BENEFICIARY IDENTIFIER (MBI) |
|---|---|---|

MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) – IF DIFFERENT FROM RETIREE'S

**3.**

| DEPENDENT LAST NAME, FIRST, M.I. | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|---|---|---|
| | | |

RELATIONSHIP ☐ Dependent Child ☐ Other Relationship (specify) _____

| SEX ☐ Male ☐ Female | Full-Time Student ☐ No ☐ Yes | MEDICARE BENEFICIARY IDENTIFIER (MBI) |
|---|---|---|

MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) – IF DIFFERENT FROM RETIREE'S

**4.**

| DEPENDENT LAST NAME, FIRST, M.I. | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|---|---|---|
| | | |

RELATIONSHIP ☐ Dependent Child ☐ Other Relationship (specify) _____

| SEX ☐ Male ☐ Female | Full-Time Student ☐ No ☐ Yes | MEDICARE BENEFICIARY IDENTIFIER (MBI) |
|---|---|---|

MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) – IF DIFFERENT FROM RETIREE'S

| RIN OR LAST 4 OF SOCIAL SECURITY NUMBER |
|---|
| |

## IX. TRS BENEFICIARY DESIGNATION

**If you are MARRIED,** your spouse is automatically your 100% primary beneficiary unless they consent to another beneficiary, or your spouse is not entitled to benefits under the terms of a Qualified Domestic Relations Order (QDRO). Please complete the spousal consent form, *Spousal Waiver of Beneficiary*, on page F-13 if your spouse is waiving entitlement to benefits.

### PRIMARY BENEFICIARY DESIGNATION
**(Your beneficiary designations must add up to 100%.)**

| | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
|---|---|---|---|---|---|
| **1.** | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **2.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **3.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **4.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |

### SECONDARY BENEFICIARY DESIGNATION
**(Beneficiary in the event the primary beneficiary is no longer living. Your beneficiary designations must add up to 100%.)**

| | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
|---|---|---|---|---|---|
| **1.** | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **2.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **3.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **4.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |

| RIN OR LAST 4 OF SOCIAL SECURITY NUMBER |
|---|
| |

## X. SELECT/OPTIONAL LIFE ENROLLMENT

Please verify eligibility with your human resource office before completing. Only those State of Alaska and political subdivision employees currently participating in a State-sponsored optional life plan are eligible to enroll.

☐ I do **not** elect to continue my Select Life Insurance and hereby waive my right to participate now and in the future.

☐ I elect to continue my Select Life Insurance (referred to as Optional Life at retirement) and hereby authorize the State to make the necessary deduction from my benefit check. (*Complete beneficiary designation.*)
Life Insurance Volume Amount $_____ Premium $_____

### PRIMARY BENEFICIARY DESIGNATION
**(Your beneficiary designations must add up to 100%.)**

| | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
|---|---|---|---|---|---|
| **1.** | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **2.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **3.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **4.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |

### SECONDARY BENEFICIARY DESIGNATION
**(Beneficiary in the event the primary beneficiary is no longer living. Your beneficiary designations must add up to 100%.)**

| | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
|---|---|---|---|---|---|
| **1.** | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **2.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **3.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |
| **4.** | FULL LEGAL NAME OF PERSON, TRUST, OR INSTITUTION | RELATIONSHIP TO MEMBER | SSN OR TIN | DATE OF BIRTH | % OF BENEFIT |
| | MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP+4) | | | | |

| RIN OR LAST 4 OF SOCIAL SECURITY NUMBER |
| --- |
| |

## XI. COURT-CERTIFIED COPIES OF DIVORCE/DISSOLUTION DOCUMENTS

**DIVORCE:** If you have been divorced or had your marriage dissolved during your TRS employment, you are **required** to submit court-certified copies of your documents; court-certified documents are distinguished by a raised, embossed seal or blue-ink seal of the court. If you have been divorced, submit copies of your divorce decree, Findings of Fact and Conclusions of Law and the property settlement agreement or any other documents that address your retirement; if you had your marriage dissolved, submit court-certified copies of your decree of dissolution, your petition for dissolution, and the property settlement agreement or any other documents that address your retirement.

Federal law prohibits the disbursement of retirement funds unless the ex-spouse has either filed a Qualified Domestic Relations Order (QDRO), has waived their right to benefits, or if there is clear evidence there is no entitlement.

## XII. CERTIFICATION

**BONA FIDE TERMINATION OF EMPLOYMENT**

The Internal Revenue Code and Alaska law require a bona fide termination of the employee/employer relationship to occur before a member can be eligible to receive retirement benefits. I certify:

- ☐ that I have read the information contained on page 32-33 of this application booklet explaining the requirements for a bona fide termination of employment.
- ☐ that I **DO** have a pre-arrangement with my employer to return to work after my retirement and cannot retire at this time.
- ☐ that I **DO NOT** have a pre-arrangement with my employer to return to work after my retirement.

I understand that all terms of the pension benefit selected are irrevocable and that any change to my selection on this application or its withdrawal must be done in writing and received by the Division of Retirement and Benefits prior to the effective date of my benefit.

I acknowledge that I can contact the Division of Retirement and Benefits for counseling on any of my retirement options.

I acknowledge that I have been offered all three health plans available: medical, dental-vision-audio (DVA), and long-term care (LTC).

I further understand that this is my only opportunity to enroll in the long-term care plan and that by not electing long-term care at this time, or by not paying the required premium payment, I waive my right to future participation in the LTC plan.

I understand that if I first entered the TRS on or before June 30, 1990, this is my only opportunity to enroll in the dental-vision-audio plan and, that by not electing DVA at this time, I waive my right to future participation in the DVA plan.

I understand that if I first entered the TRS on or after July 1, 1990, I may enroll in the medical and dental-vision-audio plans now or during an open enrollment period, subject to certain restrictions and by paying the required premium payment.

I understand that my dependents between the ages of 19-23 are required to be registered at, and attending on a full-time basis, an accredited educational or technical institution recognized by the Department of Education and Early Development.

I authorize the deduction of premiums from my benefit check for any insurance elected above.

I attest, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, the full amount of my direct deposit (if selected) is not being forwarded to a bank in another country and if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska, Division of Retirement and Benefits immediately. If the State discovers the full amount of a direct deposit has been forwarded to another country, the direct deposit agreement shall be terminated.

In completing this application, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than $500.00 or by imprisonment for not more than twelve months or both. AS 39.35.670. I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and/or benefits from the system unlawfully may also be required to make restitution.

| SIGNATURE | DATE |
| --- | --- |
| | |

# Claim and Verification of Unused Sick Leave Credit

ALASKA DIVISION OF Retirement and Benefits

Toll-Free: (800) 821-2251
drb.alaska.gov

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

FOR OFFICE USE ONLY

| NAME | SOCIAL SECURITY NUMBER |
|---|---|
| | |

I wish to claim all creditable days (only full days will be credited) of sick leave accrued during my Teachers' Retirement System (TRS) membership service. I understand that I must claim the sick leave within one year of my retirement. I also understand that I must be on retirement the same number of days as the number of creditable sick leave days accrued, before a benefit will be paid on that portion of service and that my benefit will be increased effective the first day of the month following the expiration of this period. Further, I certify that this application denotes my full and entire claim for all my accrued sick leave during my TRS membership service and forfeits my right to a further claim for this service.

**I understand it is my sole personal responsibility to claim my unused sick leave.**

| SIGNATURE | DATE |
|---|---|
| | |

**FOR EMPLOYER USE ONLY: (Round down to nearest day, no partials. Please verify only full days of unused sick leave.)**

I certify that _____ has an unused sick leave balance
*Name of Employee*

of _____ full days from _____ to _____.
*Number* *Beginning date of employment* *Ending date of employment*

**I understand that only unused sick leave and no other type of leave can be verified for this purpose. I further understand that my organization holds the data of record. Any dispute regarding the number of certified days will be referred to us for resolution.**

| SCHOOL DISTRICT | |
|---|---|
| SIGNATURE OF CERTIFYING OFFICER | DATE |
| PRINTED NAME OF CERTIFYING OFFICER | PHONE NUMBER |

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Alaska Teachers' Retirement System
P.O. Box 110203, Juneau, AK 99811-0203
Fax: (907) 465-1470 | TDD: (907) 465-2805
Toll-Free: (800) 821-2251 | Juneau: (907) 465-4460

# Spousal Waiver of Beneficiary

## *Spouse's Consent*

I,_____ , am the spouse of _____.

I understand that I may be entitled to the death benefits that will be paid if my spouse dies. I have reviewed the retirement benefit provisions described in the *TRS Information Handbook*. I understand that, depending upon the circumstances of my spouse's death, I may be eligible to receive either a lump sum benefit or monthly benefit for the rest of my life and that major medical insurance may be available to me and my eligible dependents while I am receiving monthly benefits.

By signing this consent, I agree to waive my right to any benefits that would be paid to me and consent to the naming of another beneficiary.

_____

Spouse's Signature *(must be witnessed below)* Date

_____

Witness Signature *(must be a designated employee of the Division of Retirement and Benefits)* Date

***OR***

_____

Notary Public or Postmaster

_____

State of: Notary Stamp/Seal

_____

My Commission Expires:

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# Student Status Verification Form

ALASKA DIVISION OF
**Retirement and Benefits**

**Toll-Free: (800) 821-2251**
**drb.alaska.gov**

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

**FOR OFFICE USE ONLY**

## SECTION I. RETIREE INFORMATION

| RETIREE NAME (LAST, FIRST, M.I.) | RETIREMENT ID (RIN) OR LAST 4 DIGITS OF SSN |
|---|---|
| | |

| RETIREE PHONE NUMBER | RETIREE EMAIL ADDRESS |
|---|---|
| | |

## SECTION II. DEPENDENT INFORMATION

| CHILD NAME (LAST, FIRST, M.I.) | |
|---|---|
| RELATIONSHIP | DATE OF BIRTH (MM / DD / YYYY) |

## SECTION III. DEPENDENT ENROLLMENT VERIFICATION

My dependent is currently enrolled as a Full-Time (FT) Student. FT status is based on the educational institution definition (see below). The dependent identified above is enrolled as a student for the following semester:

| STUDENT ATTENDING FALL SEMESTER | | |
|---|---|---|
| START DATE (MM / DD / YYYY) | END DATE (MM / DD / YYYY) | NUMBER OF HOURS ENROLLED |
| STUDENT ATTENDING SPRING SEMESTER | | |
| START DATE (MM / DD / YYYY) | END DATE (MM / DD / YYYY) | NUMBER OF HOURS ENROLLED |
| NAME OF SCHOOL | | |
| STREET ADDRESS / P.O. BOX | | |

| CITY | STATE | ZIP | PHONE NUMBER |
|---|---|---|---|
| | | | |

The term “educational institution” means a school maintaining a regular faculty and established curriculum and having an organized body of students in attendance. It includes primary and secondary schools, colleges, universities, normal schools, technical schools, mechanical schools, and similar institutions, but does not include non-educational institutions, on-the-job training, correspondence schools, or night schools. It is the member’s responsibility to confirm that the educational or technical institution that your child is attending is accredited and recognized by the Department of Education and Early Development. To verify that the institution is accredited, the following websites may be consulted: *CHEA.org* or *FAFSA.ed.gov.*

By completing this verification, I acknowledge that a person who knowingly makes a false statement or falsifies or permits to be falsified, a record of the AlaskaCare Retiree Health Plan in an attempt to defraud the plan, is guilty of a Class A Misdemeanor, which upon conviction, is punished by a fine of not more than $500 or by imprisonment for not more than twelve months or both (AS 39.35.670: AS 11.56.210). I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and or penalties from the system unlawfully may also be required to make restitution.

I understand that if my child does not finish the school year, or otherwise becomes ineligible, I will notify the State of Alaska of the change in status immediately.

| RETIREE’S SIGNATURE | DATE (MM / DD / YYYY) |
|---|---|
| | |

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ALASKA DIVISION OF
**Retirement and Benefits**

**Toll-Free: (800) 821-2251**
**drb.alaska.gov**

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

# Evidence of Birth Date

(Spouse and Eligible Dependents)

**FOR OFFICE USE ONLY**

| NAME (FIRST / M.I. / LAST) | | |
|---|---|---|
| RELATIONSHIP TO RETIREE | RIN OR LAST 4 DIGITS OF SOCIAL SECURITY NUMBER | |
| CURRENT MAILING ADDRESS (STREET OR P.O. BOX) | | |
| CITY | STATE | ZIP |
| BIRTHPLACE (CITY, STATE, PROVINCE, OR COUNTRY) | DATE OF BIRTH (MM / DD / YYYY) | |

I hereby submit the following evidence to establish my correct age for the purpose of applying for retirement benefits:

(Check documents being submitted. Copies are acceptable.)

- ☐ Birth certificate
- ☐ Hospital birth records certified by custodian of such records
- ☐ Affidavit regarding attending physician's record of birth
- ☐ Notification of birth in public newspaper
- ☐ Baptismal certificate (if date of birth is included)
- ☐ Record of military service
- ☐ Valid and unexpired state-issued driver's license or identification card
- ☐ U.S. passport, unexpired
- ☐ Other records (please specify):_____

Any documentation not in the English language must be accompanied by a certified translation. I certify that the above information is true and correct to the best of my knowledge.

| SIGNATURE | DATE |
|---|---|

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# Medicare Enrollment Verification Form

FOR OFFICE USE ONLY

**Toll-Free: (800) 821-2251**
**drb.alaska.gov**

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

You may send your completed form to the mailing address and fax number listed at the top of the form or email ***doa.drb.benefits@alaska.gov***.

## SECTION I. MEMBER INFORMATION

| NAME (LAST / FIRST / MI) | | SSN OR RIN | |
|---|---|---|---|
| MAILING ADDRESS | | | APARTMENT OR UNIT # |
| CITY | | STATE | ZIP |
| PHYSICAL ADDRESS ☐ CHECK IF SAME AS MAILING ADDRESS | | | APARTMENT OR UNIT # |
| CITY | | STATE | ZIP |
| TELEPHONE NUMBER | EMAIL ADDRESS | | |

The Centers for Medicare & Medicaid Services (also called CMS or Medicare) requires that you maintain a residential (physical) address within the Medicare service area. A post office box does not qualify. The service area includes the United States, the District of Columbia, Guam, Puerto Rico, the US Virgin Islands, Northern Mariana Islands, and America Samoa. We need you to confirm that you live inside the plan's service area. No mail will be sent to this physical address unless it is the same as your mailing address. It will only be used to verify that you live inside the plan's service area.

## SECTION II. MEDICARE ENROLLMENT INFORMATION

Provide us your Medicare Beneficiary Identifier (MBI) number and effective dates listed on your Medicare card.

| MEDICARE BENEFICIARY IDENTIFIER (MBI) (MEDICARE NUMBER) | MEDICARE EFFECTIVE DATE |
|---|---|
| | |

## SECTION III. INCOME RELATED MONTHLY ADJUSTMENT AMOUNT (IRMAA)

Certain high-income AlaskaCare members are required to pay a Medicare Part D Income Related Monthly Adjustment Amount, or IRMAA, surcharge. If you are subject to the IRMAA surcharge, the Division will reimburse you for the full cost of the premium associated with your prescription drug coverage. Visit Alaska.gov/drb/alaskaCare/retiree/information/IRMAA.html for step-by-step instructions for reimbursement. You may also contact OptumRx directly for Part D IRMAA surcharge reimbursement information by calling (855) 409-6999.

## SECTION IV. SIGNATURE

In completing this form, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than $500.00 or by imprisonment for not more than twelve months or both. AS 39.35.670; AS 11.56.210. I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties, including imprisonment. I also acknowledge that a person who obtains funds and/or benefits from the system unlawfully may also be required to make restitution.

| SIGNATURE | DATE |
|---|---|
| | |

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