{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: RETIREMENT SYSTEMATIC WITHDRAWAL**

Dear {stdMbrSalutation}:

Your first payment will be issued in {BenefitBegin }. This and all other payments will be issued on the fifth business day of the month. You have elected a {BenefitOptionDesc} from TIAA.

{x if RHICOption = “STRD”}

You have elected the **Standard Retiree Health Insurance Credit** option. The credit, which reduces your health insurance premiums and can be used if you choose to participate in the NDPERS Dakota Plan group health insurance, is based upon the following formula:

{x if EarlyRetirementReductionAmount <= 0}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| {YearsofService} | x | {HealthCreditFactor} | = | {UnreducedHealthCredit} |
| Years of Service |  | Health Credit Factor |  | Unreduced Health Credit |

{x endblock}

{x if EarlyRetirementReductionAmount > 0}

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| {YearsofService} | | x | {HealthCreditFactor} | | | = | {UnreducedHealthCredit} |
| Years of Service | |  | Health Credit Factor | | |  | Standard Health Credit |
| - | {EarlyRetirementReductionAmount} | | | = | {ReducedHealthCredit} | | |
|  | Early Retirement Reduction Amount | | |  | Reduced Monthly Health Credit | | |

{x endblock}

{x endblock}

{x if RHICOption != “STRD”}

You have elected the {**JSPercentage**}**%** **Joint and Survivor Retiree Health Insurance Credit** option, which reduces your health insurance premiums if you choose to participate in the NDPERS Dakota Plan group health insurance, and is based upon the following formula:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| {YearsofService} | x | {HealthCreditFactor} | = | {UnreducedHealthCredit} |
| Years of Service |  | Health Credit Factor |  | Unreduced Health Credit |

{x if EarlyRetirementReductionAmount <= 0}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | x | {JSRHICPayableFactor}% | = | **{MonthlyBenefit}** |
|  |  | Joint & Survivor Payable Factor\* |  | **Monthly Benefit** |

\*The Joint & Survivor percentage payable factor is an actuarially determined figure based on the difference in age between you and your spouse.

{x endblock}

{x if EarlyRetirementReductionAmount > 0}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | - | {EarlyRetirementReductionAmount} | = | **{ReducedHealthCredit}** |
|  |  | Early Retirement Reduction Amount |  | **Reduced Monthly Health Credit** |
|  | x | {JSRHICPayableFactor}% | = | **{MonthlyBenefit}** |
|  |  | Joint & Survivor Payable Factor\* |  | **Monthly Benefit** |

\*The Joint & Survivor percentage payable factor is an actuarially determined figure based on the difference in age between you and your spouse.

{x endblock}

{x endblock}

{if JointAnnuitant > 0}

If you die first, {SpouseName} will receive a lifetime health credit of {MonthlyHealthCredit} per month. If {SpouseName} dies first, your monthly health credit will be increased to your **standard** health credit amount, upon notice to NDPERS.

**{endblock}**

**IN CASE OF DEATH, YOUR PERSONAL REPRESENTATIVE MUST NOTIFY NDPERS AS SOON AS POSSIBLE.**

**Member Self Service**

Once you receive your first payment, you will have the ability to access your NDPERS account(s) through NDPERS Member Self Service. The instructions to log in to Member Self Service can be found on the NDPERS web site at www.nd.gov/ndpers. You will need a ND Login ID and password along with your NDPERS Member ID and date of birth. Your NDPERS Member ID is printed in the upper right hand corner on the first page of this letter.

We are offering through MSS the ability to view:

1. Your retirement payment(s) and related details,
2. Insurance coverage(s) and related details,
3. Annual statement(s) and 1099R tax information, when available

We also offer you the capability to do direct on-line updates and requests for:

1. Address changes
2. Federal & ND State income withholding elections
3. Spouse or Designated contact information
4. Scheduling an Appointment
5. Submitting questions to NDPERS
6. Reporting a death of a spouse or a covered insurance dependent

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division

## THIS DOCUMENT SHOULD BE KEPT IN A SAFE PLACE