{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: JOB SERVICE DISABILITY BENEFIT**

Dear {stdMbrSalutation}:

You have elected to receive a disability benefit from the Job Service Retirement Plan. Your first payment represents { NumberofMonthsFirstPaymentRepresents } months of benefits. Your monthly benefit, which is issued on the first working day of each month beginning in { MonthandYearBenefitBegin } and continuing for as long as you are deemed disabled, is based upon the following formula:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| {FinalAverageSalary} | | x | | {Multiplier1}% | x | {YearsofServiceTier1} | | | = | {MonthlyBenefitTier1} |
| Final Average Salary | |  | | Multiplier | | Years of Service | | | Monthly Benefit | |
| { FinalAverageSalary } | | x | | { Multiplier2 }% | x | { YearsofServiceTier2} | | | = | { MonthlyBenefitTier2} |
| Final Average Salary | |  | | Multiplier | | Years of Service | | | Monthly Benefit | |
| { FinalAverageSalary } | x | | { Multiplier3 }% | | x | { YearsofServiceTier3} | | | = | { MonthlyBenefitTier3} |
| Final Average Salary |  | | Multiplier | | | Years of Service | | |  | Monthly Benefit |
|  |  | |  | | | |  | **{ TotalMonthlyBaseAnnuity }** | | |
|  |  | |  | | | |  | **Total Monthly Base Annuity** | | |

You have elected the **Standard Retiree Health Insurance Credit** option.

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

Your **MEMBER ACCOUNT BALANCE**, referred to as minimum guarantee, is { MemberAccountBalance }, of which { TaxableAmount } is taxable and { NontaxableAmount } is non‑taxable. If there are any funds remaining in your member account balance after you are deceased or if you are single, they will be paid in a lump sum to your designated beneficiary(ies), or to your estate if no beneficiary(ies) are designated.

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

The benefits listed above may be increased by legislative action. The NDPERS Board reserves the right, at any time, to amend the above computations. In the event of conflict between this document and present or future State Law, the **LAW** will take precedence.

**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