{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DISABILITY BENEFIT**

Dear {stdMbrSalutation}:

A member receiving a disability benefit, who attains their normal retirement date, can elect to terminate that disability benefit and begin to draw normal retirement benefits. Normal retirement is defined as the Rule of {RuleEligibleForNormalAsPerBR08013} or age {AgeEligibleForNormalAsPerBR08001}, whichever occurs first.

As you meet your normal retirement date on {DateEligibleForRuleConversion}, you have the option of discontinuing your disability benefit of {MemberDisabilityBenefitAmount} and begin drawing your normal retirement benefit of {qu MemberNormalRetirementBenefitAmount} per month.

**DISABILITY BENEFIT:**

While you are under age { AgeEligibleForNormalAsPerBR08001} your member account balance is not reduced by the disability payments you receive and continues to earn interest. The disability benefit you are receiving is funded solely through your former employer's contribution and fully taxable. When you reach age { AgeEligibleForNormalAsPerBR08001}, your member account balance will be reduced by each disability payment you receive, your account will no longer accrue interest.

{x when MonthlyNonTaxableAmountExists has “Y”}

A portion of your disability benefit will be considered non-taxable income. Beginning {firstDayofMonthFollowingDateMemberTurnedAgeEligibleForNormalAsPerBR08001}, the monthly non-taxable amount of your benefit will be { MonthlyNonTaxableAmount }.

{endIf}

**RETIREMENT BENEFIT:**

By switching from disability to normal retirement benefits, your member account balance will be reduced by each retirement payment you receive and your account will no longer accrue interest.

{x when MonthlyNonTaxableAmountExists has “Y”}

A portion of your disability benefit will be considered non-taxable income. Beginning {firstDayofMonthFollowingDateMemberTurnedAgeEligibleForNormalAsPerBR08001}, the monthly non-taxable amount of your benefit will be { MonthlyNonTaxableAmount }.

{endIf}

Please complete and return the enclosed Disability and Retirement Benefit Election SFN 54118 by {DateEligibleForRuleConversionMinus2Months} to elect to begin drawing your normal retirement benefit effective {DateEligibleForRuleConversion}. If returned later, your benefit will be changed effective the month following receipt. If you elect to continue your disability benefit, there will be no change to your monthly benefit.

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

Sincerely,

NDPERS Benefits Division

Enclosure – Disability and Retirement Benefit Election SFN 54118

**54118-****{stdMbrPERSLinkID}**

**DISABILITY AND RETIREMENT BENEFIT ELECTION**



NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 54118 (Rev. 01/2014)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

|  |  |
| --- | --- |
| PART A PARTICIPANT IDENTIFICATION | |
| Name (Last, First, Middle)  {stdMbrFullNameLFM} | NDPERS Member ID {stdMbrPERSLinkID} |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | Date of Birth{stdMbrDateOfBirth} |
| PART B Member Election | |
| In accordance to the North Dakota Administrative Code Chapter 71-02-05-03, when a member receiving a disability benefit attains their normal retirement date, that member may elect to terminate that member’s disability benefits and draw retirement benefits as specified in North Dakota Century Code Section 54-52-17.  I have been given the opportunity to cancel my disability benefit and begin drawing retirement benefits. I understand that my election is irrevocable and permanent. I have had the opportunity to speak with an attorney and financial planner of my choosing and at my expense, to review N.D.A.C. 71-02-05-03 and N.D.C.C. 54-52-17, and to ask NDPERS any questions I may have concerning this election. | |
| **Check One:**  I elect NOT to cancel my disability benefit.  I elect to cancel my disability benefit and begin my normal retirement benefit.  Member’s Signature Date | |

## ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

