

Department of Retirement Systems

PPA Meeting – May 28, 2008



PERS Options

- n New Member Plan Choice
- n Transfer Option
- n Membership Chosen
- n Remember to provide Plan Choice Booklet to new members and transfer option members

New Member Plan Choice

- n New to PERS on or after March 1, 2002
- n Member has up to 90 days to make their plan choice between PERS Plan 2 and PERS Plan 3
- n Member defaults to PERS Plan 3 at the end of 90 days
 - WSIB
 - Rate Option A, 5%
- n 90-Day Report

Personnel/Payroll Association – May 2008



Washington State Department of Retirement Systems
MEMBER REPORTING VERIFICATION

Member Search

SEARCH RESULTS

[My Services](#)
[Member Search](#)
[MRV Proxy Lookup](#)
[Help](#)
[Exit](#)

No retirement membership history found for this social security number.

Select One:

- Earnings
 Membership

SSN:

Organization:

Please verify that the Social Security Number is correct.

- If the Social Security Number is not correct, resubmit the search.
- If the Social Security Number is correct, please click on Help above for information about reporting new members in a retirement system.

Employer Support Services

1-800-547-6657 ext. 47200; or 360-664-7200, option 2'

drsemployer@drs.wa.gov

Monday - Friday, 8:00 AM - 5:00 PM (PST)

New Member Plan Choice

- n Report member in PERS Plan 2 on the first transmittal
 - Unless member chooses a plan before payroll cutoff
 - § Begin date
 - § Choice Date
- n Submit plan choice record via the transmittal after the Member Information Form (MIF) is received
 - Plan choice date (the date member signed the form)
 - Plan choice code
 - § 2C
 - § 3C
 - § 3D

Transfer Option

- n Established PERS Plan 2 membership prior to March 1, 2002
- n Option to transfer to PERS Plan 3 in January
- n Report in PERS Plan 2
- n Plan transfer code
 - 3X

Membership Dates	
System/Plan: PERS 2	Active
Entry Date: 11/03/1986	Retire:
JBM Program: No Prior Judicial	Withdraw:
Transfer:	
SERS Conversion:	
Can transfer to PERS 3 in January if in a PERS eligible position & earn service credit in January.	
<i>The information about this Social Security Number is based on employment history received by DRS via transmittal reports and can change.</i>	

Membership Chosen

- n Member chose PERS Plan 2
 - Cannot transfer to Plan 3 in January
 - Report member in PERS Plan 2

Membership Dates		
System/Plan: PERS 2	<i>Inactive</i>	
Entry Date: 05/01/2007	Retire:	Transfer:
JBM Program: No Prior Judicial	Withdraw:	SERS Conversion:
<i>Member chose to enroll in Plan 2 on 06/25/2007.</i>		
System/Plan: PSERS 2	<i>Active</i>	
Entry Date: 01/16/2007	Retire:	Transfer:
	Withdraw:	SERS Conversion:
System/Plan: SERS 2	<i>Potential Member</i>	
Entry Date: 08/01/2006	Retire:	Transfer:
	Withdraw:	SERS Conversion:

The information about this Social Security Number is based on employment history received by DRS via transmittal reports and can change.

Membership Chosen

- n Member chose PERS Plan 3
 - or*
- n Member defaulted into PERS Plan 3
 - Report member in PERS Plan 3
 - 90 days to choose investment program and contribution rate
 - Default
 - § WSIB
 - § Rate Option A, 5%
 - Report only employer contributions until MIF is received or member defaults
 - § Member contributions from date of choice/default forward

Membership Dates

System/Plan: **PERS 3** *Active*

Entry Date: 02/13/2008

Retire:

Transfer:

JBM Program: No Prior Judicial Withdraw:

SERS Conversion:

Member chose to enroll in Plan 3 on 02/20/2008.

Retirees

n Definition:

- A person receiving a lifetime, defined benefit
or
- Lump sum benefit



Retirees

n Accrual Date:

- Accrual date is set when a member is eligible to retire
and
- Member must complete the following steps:
 - § File an application with DRS
 - § Terminate employment with all public employers
 - § Sever all contractual agreements for future employment

Membership Dates			
System/Plan: PERS 1	<i>Retired</i>		
Entry Date: 08/16/1965	Retire:	11/01/2003	Transfer:
JBM Program: No Prior Judicial	Withdraw:		SERS Conversion:

The information about this Social Security Number is based on employment history received by DRS via transmittal reports and can change.

Employer Support Services
1-800-547-6657 ext. 47200; or 360-664-7200, option '2'
drsemployer@drs.wa.gov
Monday - Friday 8:00 AM - 5:00 PM (PST)

Retirees

- n Most retirees are limited in the amount of hours they can work and still receive their pension from DRS
 - Employers are responsible for correct reporting of compensation and hours
 - Retirement Status Form
 - § Verify status via MRV
 - § RCW 41.50.139

- n Refer to e-mail 07-012
 - Employers must have a written policy as of July 22, 2007
 - Justifiable need for Plan 1 has been in place since 2003
 - § Refer to DRS Notice 03-004

Retirees

- n LEOFF Plan 2 Retirees may choose between two options:
 - Become an active member and temporarily suspend their LEOFF retirement benefit
 - Remain retired and continue to receive their LEOFF retirement benefit



Retirees

- n Members cannot have an agreement to return to work prior to their retirement accrual date
- n Most retirees must have at least a 30-day break in service from their accrual date
- n Retirees' benefits are suspended if they work over their annual limit
 - DRS notifies both member and employer
 - Benefits restart upon separation or beginning of new calendar year

Retirees

- n Must be reported to DRS
- n Report under Plan 0
- n Report in system applicable to their current position
- n Report appropriate begin and end dates
- n Report appropriate type code
- n Eligibility rules are the same all positions

Retirees

n 98 Eligible Position

- Compensation and hours required

n 99 Ineligible Position

- Compensation and Hours are optional

n Exception:

- School for the Deaf/Blind use type code 97 for all TRS 1 retirees

Retirees

- n Calculations for benefit limits are based on the hours reported with type code 98 (eligible position)
 - Report B codes for months with no compensation and hours
- n Employer contributions are due retirees who exceed 867 hours
 - Invoice will be sent the first of the following month back to the first hour of employment
- n Hours associated with the following types of compensation are counted against the annual limit
 - Actual hours worked
 - Vacation/sick leave used
 - Paid holiday
- n Vacation and personal leave cash outs do not count against the annual limit

Retirees

System	Plan	Retire Date	Wait Period	Hour Limit
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PERS	1	< 08/01/03	1 Month	1500 Yearly 1900 Life
		> 07/31/03	30 Days	867 Yearly
			90 Days	1500 Yearly* 1900 Life
	2 or 3	N/A	30 Days	867 Yearly

TRS	1	< 07/22/07	30 days	1500 Yearly
		> 07/22/07	45 days	1500 Yearly* 1900 Life
	2 and 3	N/A	30 Days	867 Yearly

PSERS	2	N/A	30 Days	867 Yearly
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*Must have justifiable need, use the established hiring process, and keep all records.

Forms

Retirement Status

§ Employers must elicit information from all new employees (RCW 41.50.139)

§ Employer keeps this form

State of Washington
Department of Retirement Systems
Retirement Status Form Employer retains the form.

***Employee completes this section:**

Employee Name _____ SSN _____
(Please print)

Retired means receiving a lifetime, defined benefit. Members who are only separated or who are only receiving Plan 3 defined contributions do not meet the retiree definition.

Q1. Are you retired from one of the Washington State Retirement Systems? Yes No
 Q2. Have you ever been a member of the Seattle, Spokane or Tacoma Employees' Retirement System? Yes No
 Q3. Are you currently employed by another public employer and contributing to a Washington State Retirement System? Yes No

Signature of employee _____ Date _____

Employer completes this section:

Question 1: If the employee answered "yes," and is:

- **Returning to Active Service:** You must contact Employer Support Services (ESS).
- **A Retiree Returning to Work (RRTW):** Verify that the employee is a retiree, then report as a RRTW.

Question 2: If the member answered "yes," contact ESS.
 Question 3: If the employee answered "yes," contact ESS.

If the employee answered "no" to all three questions, use MRV to determine membership history, then report to DRS in the correct plan.

Document the following using Member Reporting Verification (MRV):

Has the employee ever been a member of a Washington State Retirement System? Yes No

If yes, what system and plan?

Teachers' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
School Employees' Retirement System		Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
Public Employees' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
Public Safety Employees' Retirement System		Plan 2 <input type="checkbox"/>	
Law Enforcement Officers' and Fire Fighters' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	
Washington State Patrol Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	
Judicial Retirement System			<input type="checkbox"/>

Is the employee a retiree of a Washington State Retirement System? Yes No

I have verified the information above using MRV or by contacting a DRS representative.

Signature of employer _____ Date _____

*RCW 41.50.139 requires employers to solicit in writing the retiree status of all new employees.
 DRS MS 147 (Rev. 3/06)

Forms

Member Information

§ New to PERS

§ Plan 2 transferring to Plan 3

§ Plan 3 returning to eligible employment choosing a new rate

§ Member signs and returns form to ER within 90 days of begin date

§ Employer mails original form to DRS only if Section 2 is required

State of Washington
 Department of Retirement Systems
Member Information Form
 For plan, contribution rate and investment program selection

[Clear Form](#)

Return completed form to your employer

New members*
 Choosing Plan 2 - Complete Sections 1 and 2/1
 Choosing Plan 3 - Complete Sections 1, 2/1, 3 and 4

Members transferring from Plan 2 to Plan 3
 Complete Sections 1, 2/1, 3 and 4

Returning Plan 3 members

Check One:
 PERS - Public Employees' Retirement System
 SERS - School Employees' Retirement System
 TRS - Teachers' Retirement System

Section 3: Selection of Contribution Rate - To Be Completed by All Plan 3 Members

Place a check mark in the box next to the contribution rate option you choose. If you do not select an option within 90 days, your default will be Option A. Once established by selection or default, you may only change your contribution rate option when you change employers. The only exception is that TRS Plan 3 members may change their rate option each January.

		Base Rate	Additional Rate	Total Member Contribution Rate	
<input type="checkbox"/>	Option A	All ages	5.0%	0.0%	5.0%
<input type="checkbox"/>	Option B	Up to age 35	5.0%	0.0%	5.0%
		Age 35 to 44	5.0%	1.0%	6.0%
		Age 45 and above	5.0%	2.5%	7.5%
<input type="checkbox"/>	Option C	Up to age 35	5.0%	1.0%	6.0%
		Age 35 to 44	5.0%	2.5%	7.5%
		Age 45 and above	5.0%	3.5%	8.5%
<input type="checkbox"/>	Option D	All ages	5.0%	2.0%	7.0%
<input type="checkbox"/>	Option E	All ages	5.0%	5.0%	10.0%
<input type="checkbox"/>	Option F	All ages	5.0%	10.0%	15.0%

Member Signature (required) _____ Date _____

Section 4: Selection of Investment Program - To Be Completed by All Plan 3 Members

Place a check mark in the box next to the investment program you choose:

Washington State Investment Board (WSIB) Investment Program
 Self-Directed Investment Program. Call 1-888-711-8773 or go online at <http://www.icmarc.org/plan3> to set up your investment allocation

You can obtain information about both investment programs by contacting ICMA-RC toll-free at 1-888-711-8773. If you do not choose a program, your contributions will be reported into WSIB.

Member Signature (required) _____ Date _____

Return completed form to your employer.

Section 5: To Be Completed by Employer

Print or type employer name and mailing address below:

Reporting Group: [] [] [] [] [] [] [] [] [] []

Employers:
 Mail the original of this document to DRS only if Section 2 was required.
 Department of Retirement Systems
 P.O. Box 40380
 Olympia, WA 98504-8380
 Toll Free: 1-800-541-4800
 Local: 360-484-7000

Internal Revenue Code Sections 401 (a), and 408 authorize the Department of Retirement Systems, (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS and its third-party record keeper is mandatory.
- DRS and its third-party record keeper will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS and its third-party record keeper will not disclose your Social Security Number to any party unless required by law.

Forms

Beneficiary

State of Washington
 Department of Retirement Systems
BENEFICIARY DESIGNATION

Department of Retirement Systems
 PO Box 48360
 Olympia, WA 98512-8360
 Toll Free: 1-888-647-6657
 Local: 360-464-7000
 TDD: 360-466-6470
 Return completed form to DRG

Important: Before completing this form, carefully read the instructions on page 2. If you are a survivor of a retiree, please list the retiree's name and Social Security Number.

Name of retiree (if different from you) _____ Retiree's Social Security Number _____



I designate the beneficiary(ies) named in Section Two to be the same beneficiary(ies) eligible for the \$150,000 death benefit.

OR

Designation	Full name of persons or estate (trusts below)		Relationship	Address		
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Must check one				Street		
	Social Security #:	Date of Birth:		City	State	Zip
Designation	Trust or organization (attach documentation)		Trustee or Administrator	Address		
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Must check one				Street		
	Tax ID #:			City	State	Zip

Send form to Department of Retirement Systems

Address _____
 City _____ State _____ Zip Code _____

Section Five: Witness -- To be completed by a person, other than a beneficiary, who witnesses the member's signature

I, _____, do hereby witness that the above named member completed and signed this document.
 (Witness name printed for a named beneficiary - please print in dark ink)

Signature of Member _____ Date _____
 Address _____
 City _____ State _____ Zip Code _____

Forms

LEOFF 2 Retiree Re-employment

§ Used for LEOFF 2 RRTW in an eligible position

– Excludes LEOFF positions

§ Member must choose between 2 options

§ Member signs and returns form to employer

§ Employer mails original form to DRS

[Clear Form](#)

Washington State
Department of Retirement Systems (DRS)

LEOFF Plan 2 Retiree Re-employment

DRS contact information:
Post: Office Box 48380
Olympia, WA 98504-8380
Toll Free: 1-800-547-6057
Local: 360-664-7000
TDD: 360-586-5450

Complete this form in full and return it to your employer. Your employer will forward this form to DRS.

As a LEOFF Plan 2 retiree eligible for membership in another retirement plan administered by DRS, you have two options:

1. **Become a member** of the new retirement plan and temporarily stop receiving your monthly LEOFF Plan 2 retirement benefit; or
2. **Not become a member** of the new retirement plan and continue to receive your monthly LEOFF Plan 2 retirement benefit.

You must choose between these two options when you begin working in a position covered by the Public Employees' Retirement System (PERS), Public Safety Employees' Retirement System (PSERS), School Employees' Retirement System (SERS) or Teachers' Retirement System (TRS).

If you choose to **become a member** of PERS, PSERS, SERS or TRS, your LEOFF retirement benefit will temporarily stop while you earn service credit and make contributions toward another retirement benefit. When you leave the PERS, PSERS, SERS or TRS eligible position, you will resume receiving your LEOFF retirement benefit, along with retroactive payments for the time you were employed. You may also be eligible for a retirement benefit from PERS, PSERS, SERS or TRS, depending on the age and earned service credit requirements of the plan you join.

If you choose **not to become a member** of PERS, PSERS, SERS or TRS, you will continue to receive your LEOFF retirement benefit while you are employed, but you will *not* earn service credit or make contributions toward a second retirement benefit.

Retiree/Member Information			
Last name	First name	Middle name	Social Security number

Re-employment Choice

I choose to:

Become a member of the DRS-administered retirement plan for which I am eligible.

Not become a member of the DRS-administered retirement plan for which I am eligible.

Signature

Date

This form requests that you provide your Social Security number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security number.

- The disclosure of your Social Security number to DRS is mandatory.
- DRS will use your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security number to any party unless required by law.

DRS L284 (07/07)

Forms

Notification of Death

§ Used to notify DRS if a member, beneficiary, or retiree has passed away

§ ER mails original form to DRS



DRS
WASHINGTON STATE
Department of
Retirement Systems

NOTIFICATION OF DEATH

PO Box 48380 Olympia, WA 98504-8380 • www.drs.wa.gov
Toll Free: 1-800-547-6657 • Olympia Area: 360-564-7000 • TDD: 360-560-5450

Clear Form

Plan (check one): PERS SERS TRS PSERS LEOFF WSPRS JRS JRF
 Status (check one): Active Employee Separated Retiree Beneficiary
 Receiving Disability: Yes No Unknown

This form is to notify the Department of Retirement Systems (DRS) when a member, beneficiary or retiree has passed away. Please provide as much of the following information that you have records of. Please tab through the fields to complete and return to DRS at the address listed above. Any fields you are unable to complete please leave blank.

DECEASED MEMBER, BENEFICIARY, RETIREE INFORMATION:

Name (Last, First, Middle)	Date of Death	Social Security Number
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SPOUSE INFORMATION:

Is there a living spouse? Yes No

Spouse's Name	Mailing Address	
Phone Number	Date of Birth (mm/dd/yyyy)	Date of Marriage

MINOR CHILDREN INFORMATION:

Are there minor children? Yes No

Minor Child's Name (Last, First, Middle)	Mailing Address	
Phone Number	Date of Birth (mm/dd/yyyy)	
Minor Child's Name (Last, First, Middle)	Mailing Address	
Phone Number	Date of Birth (mm/dd/yyyy)	

FAMILY CONTACT INFORMATION:

Is there a family contact? Yes No

Family Contact Name:	Mailing Address	
Phone Number	Relationship	

Is the death a result of an occupational disease or as a result of injuries sustained while on the job? Yes No

Completed By (Print Name)	Title	
Phone Number	Email Address	Date

Comments:

DRS MS 202 (3/08)
Page 1 of 2