



# STATE OF ALASKA

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## TEACHERS' RETIREMENT SYSTEM

Tiers I and II  
Defined Benefit Plan  
Retirement Application Instruction Booklet



Alaska Teachers' Retirement System  
Division of Retirement and Benefits  
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TRS025 (June 2019)

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# Introduction

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**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

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- Retiree Return to Work Policy (Bona Fide Separation from Employment): You must have a bona fide separation from your employer. See pages 30-31 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 not 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 coverage, dental/vision/audio, and long-term care. 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.  
  
*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-12 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.

<p style="text-align: center;"><b>Tier I</b> <i>Entered TRS prior to July 1, 1990</i></p>	<p style="text-align: center;"><b>Tier II</b> <i>Entered TRS on or after July 1, 1990, but prior to July 1, 2006</i></p>
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.
<p>System-paid AlaskaCare medical premiums at either early or normal retirement.</p> <p>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.</p>	<p>System-paid AlaskaCare medical premiums at normal retirement age 60 or at any age with 25 years of membership service.</p> <p>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.</p>
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

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## 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. See *Section X. Working After Retirement: Retiree Return to Work Policy (Bona Fide Separation of Employment)*, page 30.
- 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 30.**

## Section II. Pension Benefit Calculation

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### 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 [Alaska.gov/drb](http://Alaska.gov/drb) 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: Statutes allowing for a pre-tax payment of an indebtedness for refunded and reinstated service were repealed on July 1, 2010.** 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**

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### **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.

<b>Type of Service</b>	<b>Description</b>	<b>Use for Vesting</b>	<b>Use for Retirement Eligibility</b>
Alaska Bureau of Indian Affairs Service	Certified full-time teaching service with an Alaska BIA school.	Yes	Yes
Alaska Native Language and Culture Credit	<p>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:</p> <ol style="list-style-type: none"> <li>1) teach Alaska Native language and culture;</li> <li>2) learned the subject being taught by living in the culture or using the language in daily life; and</li> <li>3) are qualified to teach elementary or secondary students according to Department of Education and Early Development regulations.</li> </ol> <p>Exceptions: 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.</p>	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 <i>Section I. – Minimum Requirements for Pension Benefits</i> 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. 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

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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 must pay for medical insurance if elected and 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 DVA and/or LTC premiums, you are responsible to pay the premiums directly to the health plan.

You will be sent a *Retiree Direct Bill Health Enrollment* 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 *Retiree Insurance Information Booklet* and *Long-Term Care Booklet*. These are available from the Division, or on our website. 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 family coverage. Those who must pay for Medical coverage 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 Benefits Highlights	
<b>Benefit Year</b>	January 1 – December 31
<b>Annual Deductible</b>	The amount you must pay before the plan pays \$150 per individual annually Maximum 3 deductibles per family annually
<b>Coinsurance</b>	The amount the plan pays – 80% of the recognized charge.
<b>Annual Out of Pocket Maximum</b>	When your 20% reaches this amount, the plan pays 100% for the rest of the year — \$800 per person.
<b>Lifetime Maximum</b>	\$2 million per person.
<b>Prescription Drugs</b>	Maximum allowed for each fill – 90 day supply: Retail/local pharmacy: <ul style="list-style-type: none"> <li>• Brand-name drug – \$8 co-pay</li> <li>• Generic drug – \$4 co-pay</li> </ul> Mail-order pharmacy: <ul style="list-style-type: none"> <li>• All drugs – No co-pay</li> </ul>
<b>Outpatient Surgery, Preoperative Testing, Second Opinions</b>	100% with no deductible.
<b>Skilled Nursing Facilities</b>	Subject to deductible.
<b>Travel</b>	<ul style="list-style-type: none"> <li>• For treatment or second opinions not available locally</li> <li>• Round-trip</li> <li>• Must be pre-authorized</li> </ul>
<b>Healthy Pregnancy Program</b>	Available.

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.

Pre-existing conditions are conditions, excluding pregnancy, 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.

Under this provision, only the first \$1,000 of covered medical expenses are paid for pre-existing conditions. If you or your dependent had other group coverage that ended less than 90 days before coverage under this plan began, some or all of this pre-existing condition limitation may be waived. After 12 consecutive months of coverage, this limitation is cancelled and the claims incurred after the 12-month period are covered the same as all other services with no pre-existing limitation.



MEDICAL COVERAGE	Tier I	Tier II
<b>Eligibility</b>	Vested and at least age 50; or 20 years of service.	Vested and at least age 55-60; or 25 years of membership service.
<b>Premiums Required</b>	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.
<b>Medical Coverage Enrollment</b>	Automatic at retirement.	May enroll at retirement or during an annual open enrollment. Automatically enrolled at age 60.
<b>Coverage Starts</b>	Effective date of your retirement.	Effective date of your retirement, January 1 of year following enrollment during an open enrollment, or on the first of the month following age 60.
<b>Coverage Ends</b>	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.
<b>Pre-Existing Conditions Limit</b>	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.

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.**

## Dental-Vision-Audio (DVA)

The DVA plan 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.

### Dental Plan Highlights

- Pays 100% of the recognized charge for most preventive services (X-rays, exams, cleaning, etc.) with no deductible
- Pays 80% of the recognized charge for most restorative services (fillings, extractions, etc.) after the annual deductible is met
- Pays 50% of the recognized charge for most prosthetic services (crowns, dentures, etc.) after the annual deductible is met
- Requires an annual deductible of \$50 per person for restorative or prosthetic services
- Pays up to \$2,000 of covered expenses per person per year
- If you use a network provider, you are protected from balance billing. If you elect a non-network provider, you will be responsible for additional charges.

### Vision Plan Highlights

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

### Audio Plan Highlights

- Pays 80% of the usual, customary, and reasonable charges
- Requires no deductibles
- Allows a maximum benefit of \$2,000 in a three-year period

## DVA Enrollment

DENTAL-VISION-AUDIO (Optional Plan)	Tier I	Tier II
<b>Enrollment</b>	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 first become eligible for medical at age 60, you will have a final chance to enroll at that time.
<b>Premiums Required</b>	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.
<b>Coverage Starts</b>	Effective date of your retirement.	Effective date of your retirement, January 1 of year following enrollment during an open enrollment or on the first of the month following age 60.
<b>Coverage Ends</b>	When a pension benefit is no longer being paid, if premiums are not paid, or when you drop coverage.	When a pension benefit is no longer being paid, if premiums are not paid, or when you drop coverage.

## 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. The most common of these rules are:

- 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.
- If you are covered by Medicare and a plan that covers you as an active employee or the spouse of an active employee, the active plan is primary, Medicare is secondary, and the retiree plan pays third. **The order may differ if you are not eligible for Medicare Part A at no cost to you. Please contact the Medicare Information Office for more details.**
- The plan covering the retiree directly, rather than as a dependent, is the primary plan.
- A plan covering the person as a retiree is secondary to a plan covering that person as an active employee. The order may differ if you are not eligible for Medicare Part A at no cost to you. Please contact the Division or the Medicare Information Office for more details.
- 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.**

If you have two health plans, any dollar limits are doubled. For example, the dental annual maximum pays up to \$2,000 of covered expenses under one plan and another \$2,000 under the second plan for a total of \$4,000 of **covered** expenses. Any services that are limited to a maximum number of services in a year are not doubled. For example, if you have two plans that each cover a single vision exam each year, the plans coordinate to cover up to 100% of a single vision exam; they do not pay for two vision exams in a year.

For further information and details on coordination of benefits, please see the *Retiree Health Plan 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 or 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 stating that you are not eligible to the claims administrator.

**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.**

# TRS RETIREMENT APPLICATION

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**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 30.
- **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-11. 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](http://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**

# 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 contact telephone number or your email address so processing staff can reach you if there is any problem with the processing of your application once verification of your service has been received.

## **II. Pension Benefit Election.**

Refer to *Section V. Rights of Spouses and Dependents* (page 21) in the booklet for an overview of the benefit elections. If you are married, you must elect a survivor option unless your spouse waives continuing benefits in the event of your death. In Section A, you will complete the information regarding your survivor and choose the level of continuing survivor benefits you wish to provide.

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.

If you are single, you must choose a benefit option from Section B. If you are married and wish to make an election from Section B, 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.** The waiver can be witnessed by a Division of Retirement and Benefits representative, a notary or a postmaster.

## **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 26.

## **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 deposit slip if depositing to a savings account) in the specified area.**

## **VI. Unused Sick Leave Credit.**

Be sure to send the Supplemental Claim form to your employer for verification (page F-13). **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*, page 10.

## **VIII. Retiree Health Dependent Enrollment.**

See *Section IV: Medical Benefits, Dental-Vision-Audio, and Long-Term Care*, page 10.

## **IX. TRS Beneficiary Designation.**

See *Section V: Rights of Spouses and Dependents*, page 21.

## **X. Retiree Select Life Enrollment.**

See *Section VIII: Life Insurance*, page 28.

## **XI. Tax Withholding Election.**

See *Section VI: Taxes and Your Benefits*, page 24.

**XII. 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 21.

**XIII. 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)*, page 30, explaining the requirements for a bona fide termination of employment, and 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.

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# TRS Application for Retirement Benefits

## I. EMPLOYEE INFORMATION

NAME (FIRST, MI, LAST)		LAST 4 OF SSN OR RETIREMENT IDENTIFICATION NUMBER (RIN)	
BIRTH DATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> 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)

#### Survivor Information

NAME (FIRST, M.I., LAST)		DATE OF BIRTH
SOCIAL SECURITY NUMBER	RELATIONSHIP <input type="checkbox"/> Spouse	
See <i>Section V – Rights of Spouses and Dependents</i> for information about designating an incapacitated child as your survivor.		
<input type="checkbox"/> 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 <input type="checkbox"/> Spouse <input type="checkbox"/> Incapacitated Child	
See <i>Section V – Rights of Spouses and Dependents</i> for information about designating an incapacitated child as your survivor.		
<input type="checkbox"/> I have not participated in the 1% supplemental contribution program and elect the survivor benefit I have checked below.		
I elect: <input type="checkbox"/> 75% Joint Survivor Option <input type="checkbox"/> 50% Joint Survivor Option		
<input type="checkbox"/> 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.		

**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.)**

<input type="checkbox"/> Normal or Early Benefit: I do not elect a Survivor Option			
<b>SPOUSE'S WAIVER OF SURVIVOR OPTION</b> (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 <b>I freely waive entitlement to continuing survivor benefits, including health coverage</b> , 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	
STATE OF	BOROUGH/COUNTY OF	COMMISSION EXPIRES	
			SEAL OR POSTMASTER STAMP REQUIRED

**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 retirement benefit for life.
- 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 26, 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

**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  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 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.

**VII. HEALTH BENEFIT ENROLLMENT**

**MEDICAL BENEFITS (must mark a box)**

**Premium Payment Required – See Premium Rate Card**

- I elect the following **medical** coverage:  **No medical coverage**
- Retiree only  Retiree and spouse  Retiree and child(ren)  Retiree, spouse, and child(ren)
- System-paid AlaskaCare medical (*see pages 10-13 for eligibility requirements*)

**DENTAL-VISION-AUDIO BENEFITS (must mark a box)**

**Premium Payment Required – See Premium Rate Card**

- I elect the following **Dental-Vision-Audio (DVA)** coverage:  **No Dental-Vision-Audio coverage**
- 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 Long-Term Care 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 Long-Term Care coverage  Silver  Gold  Platinum Spouse's date of birth \_\_\_\_\_

**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-17 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-19 if applicable.**

**DEPENDENT INFORMATION**

I HAVE NO ELIGIBLE DEPENDENTS       MY ELIGIBLE DEPENDENTS ARE LISTED BELOW (see pages 10-11)  
(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

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

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

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

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

**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%.)**

1.	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)				
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%.)**

1.	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)				
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)				

**X. SELECT 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 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%.)

<b>1.</b>	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)					
<b>2.</b>	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)					
<b>3.</b>	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)					
<b>4.</b>	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%.)

<b>1.</b>	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)					
<b>2.</b>	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)					
<b>3.</b>	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)					
<b>4.</b>	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)					

**XI. TAX WITHHOLDING ELECTION**

Federal Tax Information: See the Withholding Certificate for Pension or Annuity Payments (W4-P) Personal Allowance Worksheet or your tax professional for more information on the amount of taxes you should have withheld. **If you do not specify your withholding allowances, the Division will default your withholding to married and three exemptions.**

Check here if you want **NO** federal income tax withheld from your benefit **OR** select from the following:

Married     Single     Married / withholding at the higher single rate

Select your desired Federal Withholding by inputting the number of allowances you are claiming in the box to the left. Enter zero (0) if you are claiming no allowances.

\$  Additional amount of federal tax you would like withheld from your monthly benefit check (if any). Please enter as a positive amount in the box to the left.

**XII. 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.

**XIII. 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 31 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**





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# 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 *TRRS 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

FOR OFFICE USE ONLY

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

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

## SECTION I. RETIREE INFORMATION

Retiree Name Last	First	M.I.
Retirement ID (RIN)	Retiree Phone Number (    )	

## SECTION II. DEPENDENT INFORMATION

Child Name Last	First	M.I.
Relationship	Child DOB /                   /	

## 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:	End Date:                   /                   /	Number of Hours Enrolled:
-------------	---	---------------------------

Student Attending Spring Semester:

Start Date:	End Date:                   /                   /	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 Web sites may be consulted: [CHEA.org](http://CHEA.org) or [FAFSA.ed.gov](http://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 /                   /
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# Evidence of Birth Date (Spouse and Eligible Dependents)

FOR OFFICE USE ONLY



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

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

NAME (FIRST, M.I., MAIDEN, 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 (MONTH/DAY/YEAR)
<p>I hereby submit the following evidence to establish my correct age for the purpose of applying for retirement benefits:</p> <p>(Check documents being submitted. Copies are acceptable.)</p> <p><input type="checkbox"/> 1. Birth certificate</p> <p><input type="checkbox"/> 2. Hospital birth records certified by custodian of such records</p> <p><input type="checkbox"/> 3. Affidavit regarding attending physician's record of birth</p> <p><input type="checkbox"/> 4. Notification of birth in public newspaper</p> <p><input type="checkbox"/> 5. Baptismal certificate (if date of birth is included)</p> <p><input type="checkbox"/> 6. Record of military service</p> <p><input type="checkbox"/> 7. Valid and unexpired state-issued driver's license or identification card</p> <p><input type="checkbox"/> 8. U.S. passport, unexpired</p> <p><input type="checkbox"/> 7. Other records (please specify): _____</p> <p>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.</p>		
SIGNATURE		DATE

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

### Example of Inflation Protection

Year	Nursing Facility Daily Benefit		Lifetime Maximum Benefit	
	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 Services Contact 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 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](http://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.

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. Otherwise 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 B.

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.

## 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).

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.

## 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

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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

There are three withholding options available. You may:

- 1) elect no withholding and pay your taxes directly to the Internal Revenue Service (IRS). In that case, you should contact the IRS about filing requirements and deadlines; or
- 2) specify your withholding allowance(s); or
- 3) specify your withholding allowance(s), plus have an additional amount withheld.

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 Section XI of the Retirement Application specifying one of the above withholding options. The tax rate for a married person with three allowances will be used to determine the withholding amount.

**If you do not specify your withholding allowances, the Division will default your withholding to married and three 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 30 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

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

The Alaska Cost-of-Living Allowance (COLA) was developed in 1966 to help those retirees who remained 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 Cost-of-Living Allowance (COLA) in addition to your regular monthly benefit. (Please refer to *What Tier Am I?* in 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 [Alaska.gov/drb](http://Alaska.gov/drb). **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
09/01/2017	11/30/2017	90	No Overpayment
09/01/2017	12/01/2017	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?* in 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

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### 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 while retired. Premiums 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-8 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 [Alaska.gov/drb](http://Alaska.gov/drb).

## ***Section IX. Unused Sick Leave***

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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 on retirement 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 .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.

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

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### **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.)

If you return to work in a permanent full-time or part-time position after a normal 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.

**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.

### **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.

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 may 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 [Alaska.gov/drb](http://Alaska.gov/drb).

## Contacting the TRS

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

### Member Services Contact 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](mailto: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

**[Alaska.gov/drb](http://Alaska.gov/drb)**



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