



Your investment.
Your future.
Secure for your lifetime.

Service Verification, Refund, Retirement & Working After Retirement

Presenter: Aaron Bernardino

Service Verification

- Leave of Absence
- Military Call-Up
- CNW

Ending Payroll Verification

- Refunds
- Retirement
- Survivor Benefit
- Required Minimum Distribution

Working After Retirement

- Working After Retirement Smartform
- Alternate Contribution Rate Scenarios



Service Verification for Service Purchases

SERVICE PURCHASE

- Forfeited Service
- Other Public Service
- Military Service
- Leave of Absence

Requirements & restrictions apply to each of these types



FORFEITED SERVICE

What is Forfeited Service?	Eligibility Requirements for Purchase	Calculation
<ul style="list-style-type: none">• Forfeited Service is when a member previously worked for an ASRS employer, left employment and withdrew their contributions.• The member forfeited all rights and benefits of ASRS, which includes the years of service that went with those contributions	<ul style="list-style-type: none">• Member must be actively contributing again to ASRS or receiving LTD benefits to request to purchase forfeited service.• There is no minimum amount of ASRS service credit required to purchase forfeited service.• Service that overlaps with previously earned or purchased time is not eligible for purchase.	<ul style="list-style-type: none">• Gross refund amount plus compounded interest up to the request date.



OTHER PUBLIC SERVICE

What is Other Public Service?	Eligibility Requirements for Purchase	Calculation
<p>Public employment with the U.S.:</p> <ul style="list-style-type: none"> • federal government, a state, or territory • commonwealth, overseas possession or insular area (island - Guam, Puerto Rico, US Virgin Islands, American Samoa, Northern Mariana Islands) • a political subdivision of any of these <p>Public Service with an ASRS Employer - The member worked for an ASRS employer but did not meet the 20/20 membership criteria, or was excluded from participating in ASRS due to another statute.</p>	<p>Member must be actively contributing to ASRS or receiving LTD benefits</p> <p>Membership Date 7/1/2010 or later</p> <ul style="list-style-type: none"> • Must have at least 5 years of service credit with ASRS <p>Membership date 7/20/2011 or later</p> <ul style="list-style-type: none"> • Can purchase a maximum of 5 years of OPS combined of all OPS invoices <p>Membership date prior to 7/20/2011</p> <ul style="list-style-type: none"> • No limit on the total OPS service available for purchase 	<p>Actuarial Present Value (APV) – What we need on hand today to pay the member’s future retirement benefit with the increased service, taking into account:</p> <ul style="list-style-type: none"> • Member's current years of credited service to the nearest month. • Member's age to the nearest day. • Amount of service credit the member wishes to purchase to the nearest month. • Member's current annual compensation.



MILITARY SERVICE

What is Military Service?	Eligibility Requirements for Purchase	Calculation
<p>Members may purchase service credit for active U.S. military service (including active duty time or points with the National Guard and Reserves) for time served with any of the five armed services: Army, Navy, Air Force, Marines, Coast Guard.</p>	<ul style="list-style-type: none"> • Actively contributing to ASRS or receiving LTD benefits • Received an honorable discharge • Can't be receiving or eligible to receive a military pension (typically 20 years of military service) for the same time being purchased <p>Membership Date 7/1/2010 or later</p> <ul style="list-style-type: none"> • Must have at least 5 years of service credit with ASRS <p>Membership date 7/20/2011 or later</p> <ul style="list-style-type: none"> • Can purchase a maximum of 5 years of Military Service (MS) combined for all invoices <p>Membership date prior to 7/20/2011</p> <ul style="list-style-type: none"> • No limit on the total MS service available for purchase. 	<p>Actuarial Present Value (APV) – What we need on hand today to pay the member's future retirement benefit with the increased service, taking into account:</p> <ul style="list-style-type: none"> • Member's current years of credited service to the nearest month. • Member's age to the nearest day. • Amount of service credit the member wishes to purchase to the nearest month. • Member's current annual compensation.



LEAVE OF ABSENCE

What is a Leave of Absence (LOA)?	Eligibility Requirements for Purchase	Calculation	Employer Responsibility
<p>A temporary unpaid period of leave from an ASRS employer.</p> <p>Examples: maternity leave, sabbatical leave, etc.</p>	<p>Membership Date 7/01/2010 or later Must have at least 5 years of service credit with ASRS</p> <p>Additional Requirements</p> <ul style="list-style-type: none"> • Must not have participated in another retirement system during the LOA • Actively contributing to ASRS or receiving LTD benefits • ASRS employer approved LOA; didn't terminate employment or withdraw contributions • Returned to work with the same employer (Unless the position was no longer available, or the member was disabled and could not return to work). • Doesn't have another LOA request in process (see One At-A-Time Rule) • Service that overlaps with previously earned or purchased time is not eligible 	<p>Actuarial Present Value (APV) – What we need on hand today to pay the member's future retirement benefit with the increased service, taking into account:</p> <ul style="list-style-type: none"> • Member's current years of credited service to the nearest month. • Member's age to the nearest day. • Amount of service credit the member wishes to purchase to the nearest month. • Member's current annual compensation. 	<p>Employer Responsibility</p> <ul style="list-style-type: none"> • Assign the Leave of Absence Specialist Role • Inform the member of the option to request LOA service purchase after their return. • Direct the member to submit service purchase request through their ASRS member secure account. • Verify the period of the absence through their ASRS employer secure account.



MILITARY CALL UP SERVICE

What is Military Call-Up (MCU) Service?	Eligibility Requirements for Purchase	Calculation	Employer Responsibility
<p>An active member of the ASRS who is also a member of the Arizona National Guard or any of the U.S. military reserves, and who volunteers or is ordered into active military service as part of a military call-up, is eligible to receive up to 60 months of credited service with ASRS while on active duty during the call-up.</p>	<ul style="list-style-type: none"> • There is no minimum amount of ASRS service credit required to purchase MCU • Actively contributing to ASRS the day before the call-up. • Member of the Arizona National Guard or any of the U.S. military reserves 	<p>Employee: No cost</p> <p>Employer: Pays the employee and employer contributions in a lump sum payment upon return to work, or receipt of death certificate or disability documentation.</p> <p>Contributions are based on the salary the member would have earned if the member had not been part of the call-up.</p>	<ul style="list-style-type: none"> • Assign the CNW and Military Call Up Specialist role to a registered employer web user. • Initiate the Military Call Up request. • Obtain copy of DD-214 or its equivalent from employee and submit document to ASRS • Verify the period of the absence through their ASRS employer secure account.



SERVICE PURCHASE PAYROLL DEDUCTION AGREEMENT (PDA)

- Members may choose a PDA as a payment method when purchasing service credit
- Employer will receive notification to begin implementing a PDA
- Notification will include total deductions; employer will not receive notification when PDA is complete
- Noted on Contribution Summary Report



SERVICE PURCHASE PDA

Employer Responsibility

- Assign PDA and Term Pay Specialist role to receive PDA document
- Implement PDA according to document from ASRS
- Report with regular contributions
- Balance of Contracts (BOC)

If 9 or 10 month contracts

Make the same number of PDA payments on a BOC as the number of regular payments paid in the BOC



PDA: TERMINATION PAY

- Member may make irrevocable election to apply termination pay to service purchase
 - Addendum to PDA
 - Separate election to use termination pay as service purchase payment method
- Employer Responsibility
 - Must send term pay directly to ASRS if PDA still has a balance

[A.R.S. § 38-747 and Arizona Administrative Code Title 2, Chapter 8, R2-8-519](#)

Ending Payroll Verification

RETIREMENT PROCESSING

Employer Responsibility

Ending Payroll Verification

Termination vs. Retirement Date

- Termination
 - Last day worked or on paid leave
 - Not necessarily last day of pay period
- Retirement
 - Date registered with ASRS, not employer
 - One day or more after termination date
 - Can be a weekend or holiday



New Retirement Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required.

You have 30 minutes to fill this form out, please use the SAVE button to avoid losing work.

Member Information

SSN: 33024444

Full Name: Harks, Thomas, L.

Termination Date: 03/31/2015

Or

Last Day of ASRS membership:

Or

Not Applicable:

Total Salary Paid

Amount paid to member during their last fiscal year

Total Salary Paid: \$35,901.47

Regular (Base) Compensation

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

***Do not include termination payments in this section**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
04/11/2015	\$336.16	\$38.59	Delete
03/26/2015	\$1,800.0	\$192.96	Delete
03/14/2015	\$1,800.0	\$192.96	Delete

[Add Row](#)

Other Compensation

List all lump sum and periodic payments paid in the last five(5) years that were not regular wages. Identify the payment type (annual, sick, early retirement incentive, termination pay).

For detailed information on the payment types click on the following link: [Payment Types Document](#).

***Do not include amounts withheld for Long Term Disability**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment Type	Retirement Contributions
Add Row			

Notes and comments to ASRS

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

Employer Information and Certification of Authorized Employer Representative

Employer Name	Somewhere Unified School District
ASRS Employer Number	999999
ASRS Phone Number	480-223-3333
Title	Payroll Manager
Email Address	webadmin@somewhere.asrs.gov
Employer User Name	Chris Johnson

Employer Certification

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 36-795.
- I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel



New Retirement Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filed information. Fields marked with asterisk(*) are required. **You have 20 minutes to fill this form out, please use the SAVE button to avoid losing work.**

Member Information

SSN: 333224444
 Full Name: Hanks, Thomas, L.
 Termination Date: 03/31/2015
 Or
 Last Day of ASRS membership:
 Or
 Not Applicable:

Total Salary Paid

Amount paid to member during their last fiscal year:
 Total Salary Paid: \$35,901.47

Regular (Base) Compensation

List the member's regular wages for the last fiscal year.
 *Do not include termination payments

Pay Period Ending Date (mm/dd/yyyy)	Gross
04/11/2015	\$336.16
03/09/2015	\$1,880.00
02/14/2015	\$1,880.00

Other Compensation

List all lump sum and periodic payments paid to you, early retirement incentive, termination pay. For detailed information on the payment types:
 *Do not include amounts withheld for taxes

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes and comments to ASRS

(Please limit the comments to a maximum of 1000 characters)
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Employer Information and Certification of Authorized Employer Representative

Employer Name	Saltwater United School District
ASRS Employer Number	999999
ASRS Phone Number	480-222-3333
Title	Payroll Manager
Email Address	webadministrator@scsd.org
Employer User Name	Chris Johnson

Employer Certification

- Any person who knowingly makes any false statement, or who facilitates or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 36-792.
- I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Termination Date *

Or

Last Day of ASRS membership *

Or

Not Applicable *



Termination Date * 03/31/2015

Or

Last Day of ASRS membership *

Or

Not Applicable *

New Retirement Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filed information. Fields marked with asterisks(*) are required. **You have 20 minutes to fill this form out, please use the SAVE button to avoid losing work.**

Member Information

SSN: 333224444
 Full Name: Harris, Thomas, L
 Termination Date: 03/31/2015
 Or
 Last Day of ASRS membership:
 Or
 Not Applicable:

Total Salary Paid

Amount paid to member during their last fiscal year
 Total Salary Paid: \$35,901.47

Regular (Base) Compensation

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.
 *Do not include termination payments in this section

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
04/11/2015	\$336.16	\$38.59	Delete
03/08/2015			
03/14/2015			

Other Compensation

List all lump sum and pension, early retirement, etc. For detailed information:
 *Do not include amount

Pay Period Ending Date (mm/dd/yyyy):

Notes and comments

(Please limit the comments to a maximum of 10,000 characters)
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Employer Information and Certification of Authorized Employer Representative

Employer Name: Saltwater United School District
 ASRS Employer Number: 999999
 ASRS Phone Number: 480-222-3333
 Title: Payroll Manager
 Email Address: webadministrator@asars.gov
 Employer User Name: Chris Johnson

Employer Certification
 Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 36-792.
 I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Total Salary Paid ⓘ

Amount paid to member during their last fiscal year

Total Salary Paid*



New Retirement Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisks(*) are required. **You have 20 minutes to fill this form out, please use the SAVE button to avoid losing work.**

Member Information

SSN: 33324444

Full Name: Harris, Thomas, L

Termination Date: 03/31/2015

Or

Last Day of ASRS membership:

Or

Termination Date *

Or

Last Day of ASRS membership *

Or

Not Applicable *

Total Salary Paid

Regular (Base) Compensation ?

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

***Do not include termination payments in this section**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
<input type="text" value="04/11/2015"/>	<input type="text" value="\$336.16"/>	<input type="text" value="\$38.59"/>	<input type="button" value="Delete"/>
<input type="text" value="03/28/2015"/>	<input type="text" value="\$1,680.8"/>	<input type="text" value="\$192.96"/>	<input type="button" value="Delete"/>
<input type="text" value="03/14/2015"/>	<input type="text" value="\$1,680.8"/>	<input type="text" value="\$192.96"/>	<input type="button" value="Delete"/>

Email Address:
 Employer User Name:

Employer Certification
 Any person who knowingly makes any false statement, or who facilitates or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 36-792.
 I certify that I am the employer user named above and my title and contact information is current and correct.



Termination Date * 03/31/2015

New Retirement Ending Payroll Verification Form

Or

Last Day of

Other Compensation i

List all lump sum and periodic payments paid in the last five(5) years that were not regular wages. Identify the payment type (annual, sick, early retirement incentive, termination pay).

For detailed information on the payment types click on the following link [Payment Types Document](#).

***Do not include amounts withheld for Long Term Disability**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment Type	Retirement Contributions	
<input type="text"/>	<input type="text"/>	---SELECT ONE---	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Accountable Reimbursements	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Claim Resolution	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Contract Termination	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Indirect Benefits	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Leave Balance Purchase	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Longevity	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Military Differential	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Non-Accountable Reimbursements	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Non-Monetary Benefits	<input type="text"/>	Delete

Add Row

Notes and comments to ASRS i

- Pay Withheld by Employee Election
- Pay Withheld by Requirements of Law
- Performance
- Retroactive
- Stability
- Termination
- Unidentifiable
- Voluntary Separation

act, if applicable.

New Retirement Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filed information. Fields marked with asterisk(*) are required.

You have 20 minutes to fill this form out, please use the SAVE button to avoid losing work.

Member Information

SSN: 33324444

Full Name: Harris, Thomas, L.

Termination Date: 03/31/2015

Or

Last Day of ASRS membership:

Or

Not Applicable:

Total Salary Paid

Amount paid to member during their last fiscal year

Total Salary Paid: \$35,901.47

Regular (Base) Compensation

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

***Do not include termination payments in this section**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
04/11/2015	\$336.16	\$38.59	Delete

Termination Date *

Or

Last Day of ASRS membership *

Or

Not Applicable *

Total Salary Paid

Amount paid to member during their last fiscal year

Total Salary Paid*

Regular (Base) Compensation

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

*Do not include termination payments in this section

Employer Certification

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- I certify that I am the employer user named above and my title and contact information is current and correct.

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

Employer Information and Certification of Authorized Employer Representative

Employer Name: Saltwater United School District

ASRS Employer Number: 999999

ASRS Phone Number: 480-222-3333

Title: Payroll Manager

Email Address: webadministrator@asrs.gov

Employer User Name: Chris Johnson

Employer Certification

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- I certify that I am the employer user named above and my title and contact information is current and correct.

***Do not include amounts withheld for Long Term Disability**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment Type	Retirement Contributions	
<input type="text"/>	<input type="text"/>	---SELECT ONE---	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Accountable Reimbursements	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Claim Resolution	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Contract Termination	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Indirect Benefits	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Leave Balance Purchase	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Longevity	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Military Differential	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Non-Accountable Reimbursements	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Non-Monetary Benefits	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	On Call/Stand By	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Pay Withheld by Employee Election	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Pay Withheld by Requirements of Law	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Performance	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Retroactive	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Stability	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Termination	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Unidentifiable	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Voluntary Separation	<input type="text"/>	

Add Row

Notes and comments to ASRS

REFUNDS

- Withdrawal of contributions and termination of membership
- Termination of employment from all ASRS employers required



REFUNDS

Employer Responsibility

Ending Payroll Verification Form

- Required if contributions made within six months prior to refund request
- Must verify termination has occurred
- Must certify there is no agreement for rehire (even if it's only verbal)

Refund Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required.

You have 30 minutes to fill this form out, please use the SAVE button to avoid losing work.

Member Information ?

SSN

333224444

Full Name

Carter, John

Termination Date *

05/30/2014

Or

Not Applicable *

Final Contributions, Adjustments, or Corrections ?

Amount of Final Contributions, Adjustments, or Corrections (not including LTD Contributions)

Final Pay Period Ending Date for Final Contributions, Adjustments, or Corrections

06/07/2014

Final Contributions, Adjustments, or Corrections

\$59.07

Notes and comments to ASRS ?

(Please limit the comments to a maximum of 10,000 characters)

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Employer Information and Certification of Authorized Employer Representative

Employer Name	Somewhere Unified School District
ASRS Employer Number	999999
ASRS Phone Number	480-222-3333
Title	Payroll Manager
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Chris Johnson

Employer Certification

- The above named employee has terminated employment and is neither under contract nor bound by any verbal or written agreement for employment with this agency.
- There is no agreement to re-employ this employee.
- Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- I certify that I am the employer user named above and my title and contact information is current and correct.

Refund Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required.

You have 30 minutes to fill this form out, please use the SAVE button to avoid losing work.

Member Information ?

SSN

333224444

Full Name

Carter, John

Termination Date *

05/30/2014

Or

Not Applicable *

Final Contributions, Adjustments, or Corrections ?

Amount of Final Contributions, Adjustments, or Corrections (not including LTD Contributions)

Final Pay Period Ending Date for Final Contributions, Adjustments, or Corrections

06/07/2014

Final Contributions, Adjustments, or Corrections

\$59.07

Notes and comments to ASRS ?

(Please limit the comments to a maximum of 10,000 characters)

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Employer Information and Certification of Authorized Employer Representative

Employer Name	Somewhere Unified School District
ASRS Employer Number	999999
ASRS Phone Number	480-222-3333
Title	Payroll Manager
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Chris Johnson

Employer Certification

- The above named employee has terminated employment and is neither under contract nor bound by any verbal or written agreement for employment with this agency.
- There is no agreement to re-employ this employee.
- Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Termination Date *	<input type="text"/>
Or	
Not Applicable *	<input type="checkbox"/>

Refund Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required.

You have 30 minutes to fill this form out, please use the SAVE button to avoid losing work.

Member Information ⓘ

SSN

333224444

Full Name

Carter, John

Termination Date *

05/30/2014

Or

Not Applicable *

Termination
Date *

Or

Not Applicable *

Final Contributions, Adjustments, or Corrections ⓘ

Amount of Final Contributions, Adjustments, or Corrections (not including LTD Contributions)

Final Pay Period Ending Date for Final Contributions, Adjustments, or Corrections

06/07/2014

Final Contributions, Adjustments, or Corrections

\$59.07

Notes and comments to ASRS ⓘ

(Please limit the comments to a maximum of 10,000

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Employer Information and Certification Representative

Employer Name	Son...
ASRS Employer Number	99...
ASRS Phone Number	48...
Title	Payroll Manager
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Chris Johnson

Employer Certification

- The above named employee has terminated employment and is neither under contract nor bound by any verbal or written agreement for employment with this agency.
- There is no agreement to re-employ this employee.
- Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Employer Certification

- The above named employee has terminated employment and is neither under contract nor bound by any verbal or written agreement for employment with this agency.
- There is no agreement to re-employ this employee.
- Any person who knowingly makes any false statement or who falsifies any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- I certify that I am the employer user named above and my title and contact information is current and correct.

Save

Submit

Cancel

SURVIVOR BENEFITS

Employer Responsibility

Ending Payroll Verification Form

- Required if member was not retired at the time of death and contributions were reported within last 6 months.
- Required if the member was not retired and died after reaching age
 - 70.5 prior to 01/01/20 or
 - Age 72, if 70.5 on or after 01/01/20 or
 - Age 73, if 72 on or after 01/01/22
 - Even if it's been more than 6 months since contributions last posted

SURVIVOR BENEFITS

Survivor Benefit Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required.

You have 30 minutes to fill this form out, please use the **SAVE** button to avoid losing work.

Member Information

SSN

Full Name

Date of Death 06/06/2023

Employee's Last
Day Worked *

Or

Not Applicable *



Profile

For security purposes, the name, email address, and login ID cannot be changed on this page. If updates are needed, the Employer Administrator can deactivate this account and create a new account, or send a secure message to ASRS requesting the changes.

Name Aaron Bernardino
Email Address aaronb@azasrs.gov
Login ID ERT-Aaron

Please review and update the information shown below.

Title

Phone Number () - **Ext**

Current Password **

** We request the re-entry of your current password for security reasons.

- Your Account <
- Communication & Education <
- Contribution Reporting <
- Online Enrollments <
- Other Operations <
- Your Profile <
- View Profile ←
- Change Password
- Log Out

REQUIRED MINIMUM DISTRIBUTION

Ending Payroll Verification Form

- Required if the member applies for a refund or retirement after reaching age
 - age 72, if 70.5 on or after 01/01/20 or
 - Age 73, if 72 on or after 01/01/22
 - Even if it's been more than 3 years since contributions last posted



REDUCTION IN FORCE

If your employer has had or is planning a reduction in force

- Send a secure message to the ASRS that includes:
 - The date or date range of the employee terminations
 - The estimated number of employees impacted
 - Confirmation that the reduction in force is due to lack of funds or elimination of the member's position

Arizona Revised Statute 38-740



Working After Retirement

WORKING AFTER RETIREMENT

A.R.S. § 38-766

- Retired member engaged to work 20/20 resumes active membership in ASRS
- Retirement suspended until the member either:
 - Terminates employment
 - Attains a normal retirement date and no longer meets the requirements for active membership

WORKING AFTER RETIREMENT

A.R.S. § 38-766.01

Retired member may return to work, meet 20/20 and continue retirement if all of the following are satisfied:

- Reached normal retirement age

- Terminated employment at least 365 days ago

- Retired member submits RTW smart form within 30 days after start of employment

WORKING AFTER RETIREMENT

A.R.S. § 38-766.01

The election to work without suspending retirement is irrevocable for the duration of employment

Retiree will not earn new service credit or have the option to purchase this service in future



WORKING AFTER RETIREMENT

A.R.S. § 38-764 (I)

Retire without terminating employment

Must be at Normal Retirement

Must work fewer than 20 hours/week



WORKING AFTER RETIREMENT

Employer Responsibility

Be aware of whether new hire is ASRS retiree

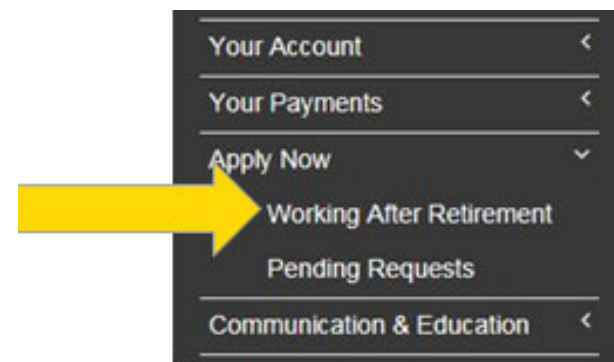
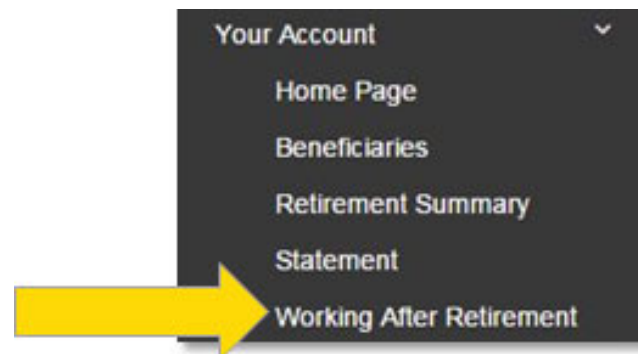
Use Check Member Eligibility to confirm

If direct employee, must review and approve/reject RTW form within 14 days

If a direct employee not suspending pension or leased employee, must pay alternate contributions

WORKING AFTER RETIREMENT

- Non-retired member can use to estimate future return to work effects on pension
- Retired employee menu shows link under “Apply Now”
- Leased employees and independent contractors **SHOULD NOT** use RTW form



Hello, Patricia!

- Your Account
 - Home Page
 - Beneficiaries
 - Benefit Details
 - Direct Deposit
 - Health Insurance
 - Benefit Verification
 - Taxes
 - 1099-R Statements
- Your Payments
 - Recent Payments
 - Payment History
 - About My Check
- Apply Now
 - Working After Retirement
 - Pending Requests
- Communication & Education
 - Member Tutorials
- Your Profile
 - Edit Profile/Email
 - Change Password
 - Information Release Authorization
- Log Out

Welcome to Your ASRS Home Page



Read all about it! Get the latest news and updates on your retirement right here.

Your personal home page has been created to show current information the ASRS has on file about you.

Under your defined benefit plan, ASRS retirees receive a lifetime guaranteed benefit. Surviving beneficiaries are entitled to benefits dependent upon the annuity choice made by the retiree at the time of retirement.

Make it easier to reset/unlock your account! [Click here for more.](#)

Personal Data

Name	Patricia Retiree
Marital Status	Married
Gender	Female
Date of Birth	06/02/1950

Print a Name Change Form

Update

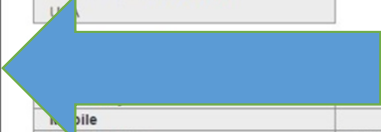
Update

If incorrect, please contact ASRS

Mailing Address

123 Broadway
Scottsdale, AZ 88888-1234

Update



Phone	(555)555-1234	Update
Mobile		Update
Email Address	webadministrationtest@azasrs.gov	Update

Primary Beneficiary Information

John Retiree	100%	Update
---------------------	------	--------

Please check your [Benefit Details](#) page for any estimated remaining survivor benefits available to your beneficiary(ies).

Notice: A person who knowingly makes any false statement, or who falsifies or permits to be falsified, any record of the ASRS with the intent to defraud the ASRS is guilty of a Class 6 Felony in accordance with Arizona State Statute 38-793.



Working after Retirement

Retirees who return to work for an ASRS employer after retirement may do so under certain circumstances without violating return-to-work statutes and jeopardizing their retirement status and pension benefits. The ASRS has developed a tool that will help you determine your eligibility for returning to work for an ASRS employer.

- This tool will tell you if you can continue to receive your pension while you work.
- It will also allow you to suspend your pension and resume active membership.
- If you have not yet retired, it will provide guidance if you plan to work after you retire.

Retirees are required use the tool to submit the form within 30 days of starting employment with an ASRS employer.

You will need to submit a new form if you change your work hours with your current employer or accept direct employment with a different ASRS employer.

Before you begin to fill out the form, it is important you understand the regulations and laws governing working after retirement. Carefully read all the information on the [Return to Work](#) web page. Then, check the box affirming you have read the information, and then click the 'Continue' button to proceed to the return to work tool and form.



Important: You must read and understand the [Return to Work](#) information before continuing with this application in order to avoid negative unexpected consequences to your retirement status.

I have read through the [Return to Work](#) information on the ASRS website and wish to continue.

Continue

Working After Retirement

Member Information on File


Name	Patricia Retiree
Date of Retirement	01/01/2016
Member Status	RETIRED
Retirement Type 	Normal Retirement (As of Retirement Date)
Termination Date 	12/31/2015

If any of this information is incorrect, please [contact the ASRS](#) prior to submitting this form to your employer.


Intent of Employment

When will this employment start? 

12/05/2016

How many hours will you be working per week? 

- Less than 20 hours.
 20 or more hours.

How long will you be working in this fiscal year? 

- Less than 20 weeks.
 20 or more weeks.

Back

Evaluate

Working After Retirement Evaluation

Based on what you told us, you **CANNOT** continue to receive your pension and work the terms of your employment.

If you wish to continue receiving your pension, talk to your employer about changing the terms of your employment before submitting this form.

- You did not terminate at least 365 days before returning to work. Our records show you will have been terminated for 365 days on 12/31/2016. To work the 20/20 criteria or more and continue to receive your pension, you must retire at normal retirement and have been terminated for at least for 365 days.
- Your employment is over the 20/20 criteria. Your intent of employment meets the 20/20 criteria. You can work less than 20 hours per week for any length of time or work 20 hours or more per week for up to 19 weeks in each fiscal year. After the 19th week, you must work less than 20 hours per week for the remaining weeks of that fiscal year.

Here is what we used to determine your status	
Did you terminate employment? ⓘ <ul style="list-style-type: none">• Termination on 12/31/2015	Yes
Did you terminate at least 365 days before returning to work? ⓘ <ul style="list-style-type: none">• You have been terminated for 340 day(s) before returning to work	No
Did you reach Normal Retirement before returning to work? ⓘ <ul style="list-style-type: none">• You were 69.403 years old when you went back to work• You have 15.090 years of service	Yes
Is your employment below the 20/20 criteria? ⓘ <ul style="list-style-type: none">• 20 or more hours per week• 20 or more weeks	No

Back

You may choose to go back and make changes to the data you provided to see how that will affect your evaluation results.

Continue

If you are happy with the data you provided, click CONTINUE.

Working After Retirement

Based on what you told us, you **CAN** continue to receive your pension and work the terms of your employment.

- I elect to continue receiving my pension.** I understand that I can continue to receive my pension and work the terms of employment provided. In the future, if I change my work hours with my current employer or accept direct employment with a different ASRS employer, I must submit a new Working After Retirement form within 30 days and my eligibility to work and maintain my pension will be re-evaluated by ASRS
- I elect to suspend my pension.** I understand that by submitting this form to my employer, my pension will be suspended as of the date my employer submits this form to the ASRS and I may be required to repay retirement benefits I received after that date and I will resume active ASRS membership.

Choose the employer you are returning to work with

- City of Somewhere
- Choose another ASRS employer

Back

Submit to your Employer

Working after Retirement

Thank you for submitting the Working After Retirement form.

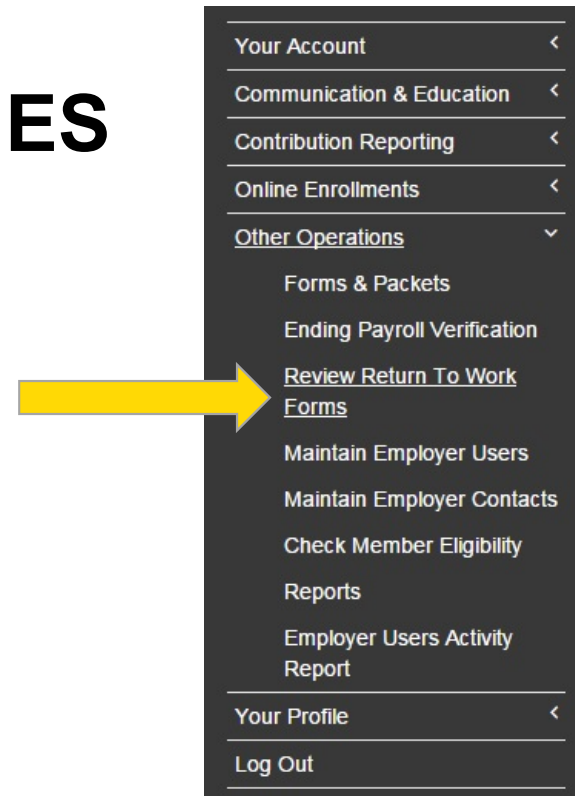
Next Steps:

1. The form will be sent to your employer for review. If your employer has any changes, it will be sent back to you for correction.
2. Once the form has been approved by your employer, it will be forwarded to the ASRS for processing.
3. You will receive an e-mail from the ASRS when your form has been processed.

WORKING AFTER RETIREMENT

EMPLOYER RESPONSIBILITIES

- Log in to your employer account
- Click on Review Return to Work Forms
- Click on the Submitted Date to open the pending form



Working after Retirement

Manage your employees Return to Work forms here. All forms with the status "Employer Review Pending" require your immediate attention.

Show Pending Forms

Show Rejected Forms

Return to Work Forms

Submitted Date	First Name	Last Name	Status
10/01/2015	Robert	Johnson	Employer Review Pending
10/13/2015	Patricia	Smith	Employer Review Pending

Review Employee Return to Work Form

Review the following information that has been submitted by your employee because they wish to return to work after retiring.

Member Information

SSN	999999999
Full Name	Pat Retiree
Date of Retirement	02/03/2016
Termination Date ⓘ	02/02/2016

Intent of Employment

This information must be reviewed by the Employer

Has member terminated employment?	Yes
When will this employment start?	02/06/2017
How many hours will member be working per week?	More than 20 hours
How many weeks will member be working per fiscal year?	More than 20 weeks

Action Required

Action: **ACR is required; employee is eligible and has elected to stay retired**

Employer Determination

I approve this RTW Form

Clicking **Continue** will enable you to export a PDF copy of this form before submission. Approved forms will be sent to the ASRS and processed immediately after you click **Submit**. Approved forms cannot be reviewed after submission.

I reject this RTW Form

Rejected forms will be sent back to the employee's online ASRS account for modification. Use the **Notes and comments to the Employee** box below to communicate to the employee what changes are required. Clicking **Continue** will immediately return the form to the employee.

Notes and comments to the Employee ⓘ



Review Employee Return to Work Form

Review the following information that has been submitted by your employee because they wish to return to work after retiring.

Member Information

SSN	999999999
Full Name	Pat Retiree
Date of Retirement	02/03/2016
Termination Date ⓘ	02/02/2016

Intent of Employment

This information **must be reviewed by the Employer**

Has member terminated employment?	Yes
When will this employment start?	02/06/2017
How many hours will member be working per week?	More than 20 hours
How many weeks will member be working per fiscal year?	More than 20 weeks



Action Required

Action: **ACR is required; employee is eligible and has elected to stay retired**

Employer Determination

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Clicking **Continue** will enable you to export a PDF copy of this form before submission. Approved forms will be sent to the ASRS and processed immediately after you click **Submit**. Approved forms cannot be reviewed after submission.

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Notes and comments to the Employee ⓘ



Review Employee Return to Work Form

Review the following information that has been submitted by your employee because they wish to return to work after retiring.

Member Information

SSN	999999999
Full Name	Pat Retiree
Date of Retirement	02/03/2016
Termination Date ⓘ	02/02/2016

Intent of Employment

This information **must be reviewed by the Employer**

Has member terminated employment?	Yes
When will this employment start?	02/06/2017
How many hours will member be working per week?	More than 20 hours
How many weeks will member be working per fiscal year?	More than 20 weeks



Action Required

Action: **ACR is required; employee is eligible and has elected to stay retired**

Employer Determination

I approve this RTW Form

Clicking **Continue** will enable you to export a PDF copy of this form before submission. Approved forms will be sent to the ASRS and processed immediately after you click **Submit**. Approved forms cannot be reviewed after submission.

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Rejected forms will be sent back to the employee's online ASRS account for modification. Use the **Notes and comments to the Employee** box below to communicate to the employee what changes are required. Clicking **Continue** will immediately return the form to the employee.

Notes and comments to the Employee ⓘ



Is your employment below the 20/20 criteria? ⓘ <ul style="list-style-type: none">• 20 or more hours per week• 20 or more weeks	No
---	----

Employer Information and Certification of Authorized Employer Representative

Employer Name	ASRS Employer
ASRS Employer Number	999999
ASRS Phone Number	9998887777
Title	Benefits Coordinator
Email Address	employer.user@asrsemployer.com
Employer User Name	Employer User

- Employer Certification**
 - Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
 - I certify that I am the employer user named above and my title and contact information is current and correct.

Back

Continue





Employer Certification

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- I certify that I am the employer user named above and my title and contact information is current and correct.

Click [Export to PDF](#) to save a copy for your records before you click [Submit](#). The form is not finalized and transmitted to ASRS until you click the [Submit](#) button.

Back

Export to PDF

Submit



WORKING AFTER RETIREMENT

Employer Responsibility

- Review and approve/reject RTW form within 14 days
- Perform the Action Required on the form; either:
 - Start alternate contributions (ACR)
 - Start active contributions (retiree elected to suspend retirement)

Returning to work directly for an ASRS ER as a retiree requires ...

- A. the member to work less than 20 hours per week.
- B. the member to complete and submit the online RTW form
- C. the employer to withhold contributions from the retiree's pay.
- D. the member to continue to receive their pension



Maria is a new hire and is 65. She says she does not want to contribute to the ASRS. After using Check Member Eligibility you find she is retired from the ASRS. What should be the next steps?

- A. Start alternate contributions because she is retired**
- B. Advise her to fill out a 65+ Membership Waiver**
- C. Start active contributions because participation is not optional**
- D. Advise her to submit a RTW smart form**



RTW RETIREES: ALTERNATE CONTRIBUTION RATE (ACR)

A.R.S. § 38-766.02

- Employer must pay ACR for any RTW ASRS retiree who does not suspend retirement:
 - Whether meeting 20/20 or not
 - Whether direct employee, leased employee, or independent contractor
 - Regardless of whether retiree satisfied 365-day wait from termination

RTW RETIREES: ACR

A.R.S. § 38-766.02

- Purpose of ACR is to mitigate negative actuarial impact on ASRS made by retirees returning to work

Employer Responsibility

- Pay ACR when required, through online application
- Employers cannot pass this cost on to employees (A.A.C. R2-8-116)

RTW RETIREES: ACR

- **Exemption: ACR not required when RTW retiree filling in for active member**
- **Two ways to use exemption:**
 - Manage throughout the year; do not pay ACR when exemption is occurring
 - May request credit within 90 days of FY end
- **Maintain documentation to prove exemption**

You just hired two ASRS retirees. Bob meets the 20/20 criteria and George doesn't. How does the ACR apply?

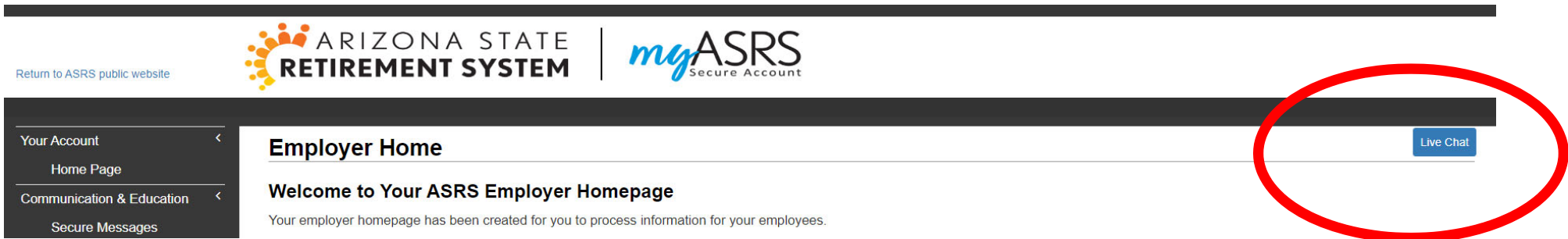
- A. ACR only applies to George because he is below 20/20
- B. ACR only applies to Bob because he meets 20/20
- C. ACR is only applied if someone suspends retirement
- D. ACR applies to both so long as they elect not to suspend and to continue with their pension

How to Contact the Employer Relations Team

BEST WAY TO CONTACT ERT

- Via Live Chat
- Secure Messaging through your ASRS employer account.
- Email to EmployerRelations@azasrs.gov
- By phone:
 - 602-240-2000 from within metropolitan Phoenix
 - 520-239-3100 from within metropolitan Tucson
 - 800-621-3778 from outside the Tucson and Phoenix areas

Employer Live Chat



The screenshot shows the ASRS Employer Home page. At the top left, there is a link to "Return to ASRS public website". The main header features the "ARIZONA STATE RETIREMENT SYSTEM" logo and the "myASRS Secure Account" logo. On the left, a navigation menu includes "Your Account", "Home Page", "Communication & Education", and "Secure Messages". The main content area is titled "Employer Home" and contains a "Welcome to Your ASRS Employer Homepage" message. A blue "Live Chat" button is located in the top right corner, circled in red.

Mon -Wed
6 a.m. to 5 p.m.

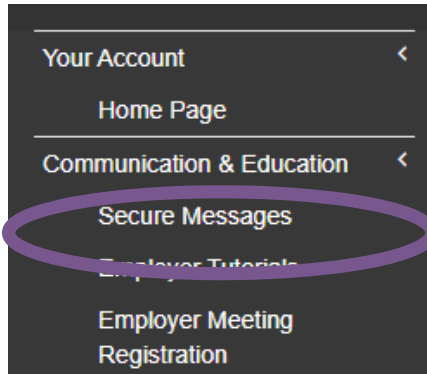
Thur – Fri
6 a.m. to 4 p.m.

- Initiate with your name and employer.
- Use mainly for quick questions.
- If your question is complex, create a secure message thread.
- If unable to complete chat, initiate a new one when you have more time.

Employer Live Chat & Co-Browsing

The screenshot displays the ASRS Employer Home page. At the top left, there is a link to "Return to ASRS public website". The main header features the "ARIZONA STATE RETIREMENT SYSTEM" logo and the "myASRS Secure Account" logo. A left-hand navigation menu includes "Your Account" (with sub-items "Home Page" and "Secure Messages") and "Communication & Education". The main content area is titled "Employer Home" and contains a "Welcome to Your ASRS Employer Homepage" message, stating that the employer homepage has been created for processing information for employees. On the right side, a blue chat widget is visible, featuring the ASRS logo, a "Welcome" message, and a "Quick Question?" prompt. Below this, there are two buttons: "Start a conversation" with a "Message us" button, and "Browse this page with us" with a "Join Co-browse" button. A "Live Chat" button is located in the top right corner of the page, highlighted with a red circle. A blue downward arrow button is positioned at the bottom center of the chat widget area.

Employer Secure Messages (ESM)



Employer Home

Welcome to Your ASRS Employer Homepage

Your employer homepage has been created for you to process information for your employees.

you have 97 unread messages. Click [here](#) to view your Secure Messages



ESM – Enhanced Interface

Secure Messages

Live Chat

Unarchived Archived

Create a new thread Archive Thread(s)

You can search the subject line, content and category, or all.

Show 15 entries per page

Search: All

<input type="checkbox"/> Archive	Type	Subject	Category	Last Modified By	Date Modified	Status
<input type="checkbox"/>	Private	rejected enrollment	Enrollments	ASRS	2024-02-28 12:31:09 PM	ACTIVE
<input type="checkbox"/>	Group	PPE 01/19/2024 verification needed	Contribution Accounting	ASRS	2024-02-28 11:45:46 AM	ACTIVE
<input type="checkbox"/>	Group	note on epv for adj no credit taken	Ending Payroll Verification	ASRS	2024-02-28 10:03:52 AM	ACTIVE
<input type="checkbox"/>	Group	xxx-xx-4290	Ending Payroll Verification	ASRS	2024-02-28 08:44:22 AM	ACTIVE
<input type="checkbox"/>	Group	large ppe not on epv	Ending Payroll Verification	ASRS	2024-02-28 06:51:22 AM	ACTIVE
<input type="checkbox"/>	Group	large ppe not on epv	Ending Payroll Verification	ASRS	2024-02-27 03:30:03 PM	ACTIVE



ESM – Archiving Completed Messages

Secure Messages

Live Chat

Unarchived Archived

Create a new thread

Archive Thread(s)

Show 15 entries per page

Search: All

Archive

Type

Subject

Category

Last Modified By

Date Modified

Status

<input type="checkbox"/>	Private	██████████ rejected enrollment	Enrollments	ASRS	2024-02-28 12:31:09 PM	ACTIVE
<input type="checkbox"/>	Group	PPE 01/19/2024 verification needed	Contribution Accounting	ASRS	2024-02-28 11:45:46 AM	ACTIVE
<input type="checkbox"/>	Group	██████████ note on epv for adj no credit taken	Ending Payroll Verification	ASRS	2024-02-28 10:03:52 AM	ACTIVE
<input type="checkbox"/>	Group	██████████ xxx-xx- 4290	Ending Payroll Verification	ASRS	2024-02-28 08:44:22 AM	ACTIVE
<input type="checkbox"/>	Group	██████████ large ppe not on epv	Ending Payroll Verification	ASRS	2024-02-28 06:51:22 AM	ACTIVE
<input type="checkbox"/>	Group	██████████ large ppe not on epv	Ending Payroll Verification	ASRS	2024-02-27 03:30:03 PM	ACTIVE

Create Secure Thread

Subject

Enter a subject...

Subject should identify member by full name and last 4 of SSN when necessary.

Select Category


Select

You must select a category to be able to send a message.

B *I* U ☰ ▾ ☰ ▾

Type your message here

Specifics help.
What resolution is needed?
Attach supporting documents.

p 0 words 

Send **Choose File** No file chosen Send LTD Documents Cancel

This secure messaging application is authorized for use by registered ASRS employer users. As a registered employer user of the ASRS secure website, you are responsible for the display and use of any personal identifiable information contained within.



The Employer Relations Team

Genevieve McBride

Supervisor
(602) 240-2080

Aaron Bernardino

Quality Analyst
(602) 240-2097

William Roberts

Quality Analyst
(602) 240-2149

Jeniffer Gomez – Pabon

Program Manager
(602) 240-2022

Nichole Fuller

Quality Analyst
(602) 240-2112

Sarah Tucker

Retirement Specialist Sr.
(602) 240-2005





Your investment.
Your future.
Secure for your lifetime.

Please keep an eye out for an email with a survey we will send out shortly after the last session of the series on April 15.

Thank You!