



Employer Pension Administration Process

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Pension Eligibility

Unreduced Service Pension (Title 29 Section 5522)

First Hired into a Pension Creditable Position Prior to 1/1/2012

- 62 years of age with 5 consecutive years of credited service
- 60 years of age with 15 years of credited service (must have 5 consecutive years)
- Any age with 30 years of credited service (must have 5 consecutive years)

First Hired into a Pension Creditable position on or after 1/1/2012

- 65 years of age with 10 years of credited service (must have 5 consecutive years)
- 60 years of age with 20 years of credited service (must have 5 consecutive years)
- Any age with 30 years of credited service (must have 5 consecutive years)

Correctional Officer/Specified Peace Officers (Title 29 Section 5522)

- 25 years of credited service (must have 5 consecutive years) within a Correctional Officer/Specified Peace Officer Job Code and having at least 20 years of credited service as a Correctional Officer/Specified Peace Officer

Reduced Service/Age Pension (Title 29 Section 5522)

Reduced Age (Title 29 Section 5522)

- 55 years of age with 15 years of credited service (must have 5 consecutive years)

Reduced Service Pension (Title 29 Section 5522)

- 25 years of credited service at any age (must have 5 consecutive years)

First hired into a Pension Creditable position prior to 1/1/2012

Reduced by 0.2% for each month under age 60

OR

Reduced by 0.2% for each month short of 30 years

First Hired into a Pension Creditable position on or after 1/1/2012

Reduced by 0.4% for each month under age 60

OR

Reduced by 0.4% for each month short of 30 years

State Employees' Vested Pension (Title 29 Section 5522)

- Members who were **first hired into a Pension Creditable position prior to 1/1/2012** and terminate from State service between **7/1/1988** to the present must have **5 consecutive years** of credited service and can collect the month following their 62nd birthday
- Members **hired into a Pension Creditable position on or after 1/1/2012** and terminate from State service must have **10 years** of credited service (5 years of the 10 years must be consecutive) and can collect the month following their 65th birthday

Vested - Members who have State **service prior to 7/1/1976** and have **20 or more years** of credited service can collect the month following their 60th birthday

Vested - Members who terminated State service between **7/1/1976 – 6/30/1988** must have **10 years** of credited service (5 years of the 10 years must be consecutive) and can collect the month following their 62nd birthday

Effective Dates

The pension is effective the first day of the month FOLLOWING the date the retiree attains eligibility age, unless the birthdate is the first of the month.

Example:	62 nd birthday May 5 th Effective Date June 1 st	62 nd birthday May 1 st Effective Date May 1 st
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Buy-Ins- Vested Employees

SICK LEAVE BUY-IN:

Any vested file that reaches his/her effective date after the law was enacted (7/1/2006) is entitled to purchase sick leave. Human Resources or Payroll staff **MUST** put the amount of accrued sick leave at termination on the PCC-1.

OPTION TO EXTEND

Will only be offered if a SIGNED PCC-1 is on file. We will use the paid out vacation time. The option to extend will be calculated and offered by the OFFICE OF PENSIONS at the time of retirement.

Additional buy-ins may be applicable at specified rates.

Pension Contributions

- Deducted after first \$6000 of earnings each calendar year

First hired prior to 1/1/2012

- 3% contribution

Correctional Officers/Specified Peace Officer

- 5% contribution

First Hired on or after 1/1/2012

- 5% contribution

Correctional Officers/Specified Peace Officer

- 7% contribution

Employer Contributions

- FY 2023 – 11.15% of salary

Pension Calculations


- Based on the highest three years of compensation (3 sets of 12) and total years of pension creditable service

Creditable Service Cheat Sheet

This sheet is being provided to assist you in determining whether you have included all creditable service when preparing the service schedule of the pension application or a Creditable Service Form of an active member. When in doubt as to the creditability of a service period, please contact the Office of Pensions for advice or a determination.

Creditable Service Cheat Sheet Form

SAMPLE


	STATE OF DELAWARE OFFICE OF PENSIONS	CREDITABLE SERVICE FORM <input type="button" value="RESET"/>
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		
NAME: <input type="text"/>	EMPLOYEE ID: <input type="text"/>	PAGE <input type="text"/> OF <input type="text"/>
Outline each period of employment in detail (include leaves of absence). Use additional form(s) to continue service if needed and sign all sheets.		

Review Member Actuarial Information (Form P-1)

The data on this form may contain information on a member's prior State of Delaware service of which you may not be aware of or for which you may not have documentation. You can request verification from the previous employer(s) prior to submitting the pension application. The member may also have provided information regarding military service as well as employment for another State or Federal Government; a county or municipality of the State of Delaware or a political subdivision of another State; or in an accredited private school or college. If no information is provided on this form, please make it a point to check with the member.

Actuarial Form

SAMPLE

	STATE OF DELAWARE OFFICE OF PENSIONS	ACTUARIAL FORM (NEW HIRE ONLY)
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		
PERSONAL DATA (please print)		Reset Form
Name: _____	SSN: _____	
<small>(Last Name, First Name)</small>	<small>(Maiden Name)</small>	
Address: _____	Phone Number: _____	
Email Address: _____	Date of Birth: _____	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/>	

SERVICE DOCUMENTATION REQUIREMENTS

INCLUDE DOCUMENTATION TO VERIFY THE FOLLOWING:	TYPES OF PREFERRED DOCUMENTATION
Date of Hire Date of Termination (include PCC-1) Rehire/Transfer Leave of Absence Sabbatical	Personnel Action Requests (PAR's) Contracts Board Minutes with Dates Payroll Card Teachers –Dept. of Ed Employment Card Attendance Records Official Letters or Other Documentation that agrees with wages paid
Worker's Compensation	Injury Report Agreement as to Compensation Check Advices (if available) Final Receipt Payroll Worksheet offsetting W/C payments Attendance Records
Strike Period	Strike Loss Calendar or copy of strike loss as listed in journal If out during full strike, considered a documented interruption and no credit is given
Military	Form DD214 (College Transcripts as needed)
Interrupting Military	Copy of Orders and PAR's
Other Professional Educational Employment (OPEE)	The following criteria should be listed on letterhead of the verifying school district: Exact dates of employment (month, day and year of beginning and ending dates) Statement that employment was continuous with no absences without pay Position held by the employee and the length of contract (9. 10. 11. 12 months) Statement that position was full-time (part-time employment cannot be purchased) Statement relative to accreditation of the school

Military Service

(Need DD Form 214 for Verification)

If the member was hired after **7/1/1976**, they may elect to purchase up to 5 years of credited service for full-time active duty in the armed services of the United States Military *and/or* up to 5 years of credited service for full-time employment for another state, an accredited private school or college or the federal government. This would be purchased at an actuarial rate. It does not matter if they started State employment within 5 years after his/her discharge. This military service should be listed under buy-in service on the pension application.

Members called to active duty while employed by the State, and are out on a Military Leave of Absence, may receive free service credit (interrupting military), as long as the member enters active **duty within 30 days of leaving State employment or within 30 days of exhausting accumulated leave and returns to State employment within 90 days of discharge from active duty.**

Note: A member is covered by the Uniformed Services Employment and Reemployment Act (USERRA) during the period of initial active duty training provided he/she returns to employment based on the USERRA guidelines and provided the required documentation is submitted.

Refer to Uniformed Services Employment and Reemployment Rights Act (USERRA), as guidelines differ on re-entering employment based on length of tour of duty.

(Need DD Form 214 for Verification) If the member was **hired prior to 7/1/1976** and came into State service within 5 years after his/her completion of his full-time active-duty, or within 5 years after his/her completion of a course of professional or vocational training, if such course was begun within 5 years after his/her completion of his tour of duty, he/she can receive up to 5 years free military service. Free military service should be listed as the first line under pension creditable service on the application, if it was prior to the employment, otherwise it should be listed chronologically.

Note: Free military service can only be used to establish eligibility towards a 30-year retirement. It may not be used towards establishing service eligibility for a reduced service pension; however, after the member has established eligibility for a reduced service pension it will be applied in determining the reduction factor.

Other Professional Educational Employment

(Need Other Governmental/Educational Service Verification Form) A member **hired prior to 7/1/1976**, who has full-time other professional educational employment for another State, a municipality in another State, the Federal government or an accredited private school or college anywhere in the world and subsequently became an employee as a schoolteacher, professional administrative or supervisory employee or school nurse employed in a public school, the State Department of Public Instruction, the University of Delaware, Delaware State University or Delaware Technical and Community College, may purchase up to 4 years of OPEE service at the time of his/her retirement. The cost is an amount equal to 5% of the final average compensation for each month being purchased (4 years = 48 months). The rate of recoupment is usually 3 years. Any additional service beyond the 4 years and up to a maximum of 10 years may be purchased at an actuarial rate. The rate of actuarial buy-in recoupment is approximately 11 years.

Note: The purchase of other professional educational employment (OPEE) may only be used for eligibility when establishing a 30-year retirement. It may not be used towards establishing service eligibility for a reduced service pension; however, after the member has established eligibility for a reduced service pension, purchased OPEE service will be applied in determining the reduction factor.

State Service

Creditable service for date of hire and date of termination is determined using exact dates. (Unless a member received a letter notifying him/her of a creditable service audit completed by the Office of Pensions, which used entire pay cycle dates prior to the implementation of the use of exact dates.) Also, until further notice: Exception is for 9 month, 10 month, or 11 month employees. These should be reflected as their contract dates: 9/1 – 5/31, 9/1 – 6/30, and 8/1 – 6/30.

Pension Effective Date

The Pension effective date is always the first of the month following the last day worked. Ex) last day worked is 11/30/20XX – Retirement effective date is 12/01/20XX

Leave of Absence (LOA)

Leave of absences are determined on a pay cycle basis

Prior to 7/1/2001

Use semi-monthly dates. (1st – 15th, 16th – 30th/31st)

After 7/1/2001

Use bi-weekly pay cycle dates. If a member is entitled to pay in a pay cycle, credit will be given for the pay cycle. Leaves of absence should be listed only if there is no entitlement to pay for a whole pay cycle. LOA's are purchasable service at time of retirement. LOA documentation (to show that it was approved, what type of leave, and the dates of the LOA) should be forwarded with the pension application or creditable service schedule of the member.

Workers' Compensation (W.C.)

Workers' Compensation periods are listed with exact dates as long as the member is receiving a supplement from the State or using accrued paid leave. Once all accrued leave and/or supplement is exhausted, it is then treated as a Leave of Absence without pay due to workers' compensation, on a pay cycle basis. Again, only whole pay cycles missed are listed. This period is also purchasable. W.C. documentation (Agreement as to Compensation, Check Advices, Final Receipt of Compensation, and Salary Adjustment Sheets) should be forwarded with the pension application if the W.C. period occurs within the last 5 years of employment. The Office of Pensions will request additional periods of W.C. documentation, if necessary. This information will be used to ensure that the W.C. adjustments are applied to the proper pay cycles in determining the applicant's highest 36 months of salary.

Comprehensive Employment & Training Act (CETA)

CETA employment is not creditable service if the employee was only a participant in the CETA program. Employment in an administrative capacity of the program may be purchased at retirement at an actuarial rate. CETA periods are listed with exact dates.

Suspensions without pay

Suspensions without pay are also determined on a pay cycle basis.

This is non-purchasable service.

Casual/Seasonal/Durational

Casual/Seasonal/Durational employment is non-creditable. It also is non-purchasable service.

Part-Time employment

A position where the employee worked less than 2 ½ hours per day (50 hours per month) and the part-time rate is less than fifty (50) times hourly minimum wage is non-creditable service. This is also non-purchasable service.

Regular, Part-Time employment

An authorized, budgeted position which requires at least 2 ½ hours per day (50 hours per month) or where the part-time rate is at least fifty (50) times hourly minimum wage for at least 9 months during a period of 12 consecutive months.

Temporary employment

May be considered pension creditable for an AGENCY if:

- it is an authorized & budgeted position
- the position is vacant and employee occupied the position on a temporary or limited term basis
- the original occupant of the position is on a leave of absence WITHOUT PAY
- dual incumbency approval has been authorized

For a SCHOOL DISTRICT, if occupant is employed with a temporary contract and/or as a long-term substitute with a contract.

Break in Service

If a member leaves State service before acquiring 5 years of consecutive creditable service, pension service credits will be forfeited. They will be restored if:

- the member's discontinuance of employment is due to absence on account of military service, disability, or approved leave, and he/she again becomes a member within 4 months following the completion of such military service, disability, or approved leave, or
- The member again becomes a member within 4 months after leaving State employment, or
- The member again becomes a member within 2 years after being involuntarily terminated (layoff, rified) from State employment, or
- the member subsequently acquires 5 years of credited service, provided he/she repays any contributions withdrawn plus interest

Terminations

The ending date listed on the **service schedule** should be the exact date of termination. This includes an official retirement date (as well as vested pensions).

If Hired Prior to 1/1/2012:

If a member ceases to be employed **after acquiring 5 years** of consecutive pension credited service, he/she is fully vested and qualifies for a pension at retirement age unless he/she withdrew the accumulated contributions. Upon termination, the following must be completed:

- Vested Pen App
- Pension Creditable Compensation (Form PCC-1)
 - A PCC-1 form should be forwarded to the Office of Pensions advising of any terminal leave payoffs for possible options to extend for any and all terminations.

If a member ceases employment with **less than 5 years of pension-credited service**, they may either leave the accumulated contributions in the Pension Fund to accrue the current rate of 5% interest annually or withdraw the funds. Upon termination, you must offer the member those choices and must submit to the Office of Pensions one of the following forms:

- A Contributions Retention Notice (Form CRN-1)
- An Application for Withdrawal Benefit (Form WB-1)
- Pension Creditable Compensation (Form PCC-1)

If a member receives a refund of the contributions and subsequently returns to State employment, he/she should contact the Office of Pensions for information relative to the options available concerning prior service credit.

If Hired On or After 1/1/2012:

If a member ceases to be employed after acquiring 10 years of pension credited service and 5 of the 10 years are consecutive, he/she is fully vested and qualifies for a Pension retirement age unless he/she withdrew the accumulated contributions. Upon termination, the following **must** be completed:

- Vested Pen App
- Pension Creditable Compensation (Form PCC1)

If a member ceases employment with **less than 10 years of pension-credited service**, they may either leave the accumulated contributions in the Pension Fund to accrue the current rate of 5% interest annually or withdraw the funds. Upon termination, you must offer the member those choices and must submit to the Office of Pensions one of the following forms:

- Pension Creditable Compensation (Form PCC1)
- A Contributions Retention Notice (Form CRN-1)
- An Application for Withdrawal Benefit (Form WB-1)

If there was a withdrawal of pension contributions, credit will not be restored unless a repayment is made and the member was vested at the time they left. Otherwise, the service cannot be restored until he/she is vested in his/her current period of employment.

PCC-1 Agency Form

SAMPLE

	STATE OF DELAWARE OFFICE OF PENSIONS	PENSION CREDITABLE COMPENSATION (AGENCY)
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		

The Pension Office is responsible for verifying creditable compensation and wages subject to pension contributions; therefore, this form must be completed for all employees who have terminated, deceased, or who have retired on a service, disability or vested pension.

NAME: _____ PENSION ID: _____
 DATE OF: Retirement Death Termination _____
 LAST DAY WORKED (if different from above): _____
 Indicate number of hours worked per day if not 7.5 hours: _____

PCC-1 School Form

SAMPLE

		RESET FORM
	STATE OF DELAWARE OFFICE OF PENSIONS	PENSION CREDITABLE COMPENSATION (SCHOOL)
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		

The Pension Office is responsible for verifying creditable compensation and wages subject to pension contributions; therefore, this form must be completed for all employees who have terminated, deceased, or who have retired on a service, disability or vested pension.

NAME: _____ PENSION ID: _____
 DATE OF: Retirement Death Termination _____
 LAST DAY WORKED (if different from above): _____
 Employee Months Worked: 9 10 11 12

Amount of Last Regular Pay:	
Regular Salary	
Overtime	
EPER Pay	
Other - _____	

CRN-1 Form

SAMPLE

RESET FORM



**STATE OF DELAWARE
OFFICE OF PENSIONS**

**CONTRIBUTIONS
RETENTION NOTICE**

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name:	EMPID/SSN:
Phone Number:	Email Address:
Address:	

Delaware Public Employees' Retirement System

WB-1 Form

SAMPLE

RESET FORM



**STATE OF DELAWARE
OFFICE OF PENSIONS**

**APPLICATION FOR
WITHDRAWAL OF BENEFIT**

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name:	EMPID/SSN:
Phone Number:	Email Address:
Address:	

SERVICE CALCULATION

When using Pension Office math to calculate service time, there are a few rules to keep in mind:

- EVERY month has 30 days. This includes February.
- When borrowing a month for subtraction, you are borrowing 30 days.
- When borrowing a year for subtraction, you are borrowing 12 months.
- ALWAYS add 1 day to the day column after subtraction. REASON: If you work the 1st through the 5th, you actually have worked 5 days. However, 5 minus 1 equal 4; therefore, the 1 day is added back.
- Determine the factor by multiplying 30 days by the number of contract months

EXAMPLES

<p style="text-align: center;">12 month</p> <p>Time Employed – 04/16/1994 thru 05/31/1994</p> <p style="text-align: center;">30</p> <p style="text-align: center;">94 05 31</p> <p style="text-align: center;">94 04 16</p> <p style="text-align: center;">14 + 1</p> <p style="text-align: center;">1 month 15 days</p>	<p>Showing the change from 31 days to 30 days.</p> <p>(Would change February 28 to February 30)</p> <p>The factor = 30 days per month x 12 months = 360</p> <p>Credited Service equals 45 days (1 mo. X 30 days + 15 days)</p> <p>Service Period decimal equivalent calculation = 45/360</p> <p style="text-align: center;">Decimal equivalent = .1250</p> <p>(12 x .1250 = 1.5 (1 mo.) .5 x 30 = 15 days)</p>
<p style="text-align: center;">11 month</p> <p>Time Employed – 09/16/1994 thru 10/15/1994</p> <p style="text-align: center;">09 45</p> <p style="text-align: center;">94 10 15</p> <p style="text-align: center;"><u>94 09 16</u></p> <p style="text-align: center;">29 + 1</p> <p style="text-align: center;">30 days (or 1 month)</p>	<p style="text-align: center;">Borrowing a month for the day column</p> <p>The factor = 30 days per month x 11 months = 330</p> <p>Credited Service equals 30 days (1 mo. X 30 days)</p> <p>Service Period decimal equivalent calculation = 30/330</p> <p style="text-align: center;">Decimal equivalent = .0909</p> <p>(12 x .0909 = 1.0908 (1 mo.) .0908 x 30 = 2.7240 (3 days))</p>
<p style="text-align: center;">10 month</p> <p>Time Employed – 09/01/1993 thru 05/15/1994</p> <p style="text-align: center;">93 17</p> <p style="text-align: center;">94 05 15</p> <p style="text-align: center;"><u>93 09 01</u></p> <p style="text-align: center;">14 + 1</p> <p style="text-align: center;">8 months 15 days</p>	<p style="text-align: center;">Borrowing a year for the month column</p> <p>The factor = 30 days per month x 10 months = 300</p> <p>Credited Service equals 255 days (8 mo. X 30 days + 15 days)</p> <p>Service Period decimal equivalent calculation = 255/300</p> <p style="text-align: center;">Decimal equivalent = .8500</p> <p>(12 x .8500 = 10.2000 (10 mos.) .2000 x 30 = 6 days)</p>
<p style="text-align: center;">9 month</p> <p>Time Employed – 09/16/1993 thru 05/15/1994</p> <p style="text-align: center;">16</p> <p style="text-align: center;">93 04 45</p> <p style="text-align: center;">94 05 15</p> <p style="text-align: center;"><u>93 09 16</u></p> <p style="text-align: center;">29 + 1</p> <p style="text-align: center;">7 months 30 days or 8 months</p>	<p style="text-align: center;">Borrowing months and years</p> <p>The factor = 30 days per month x 9 months = 270</p> <p>Credited Service equals 240 days (8 mo. X 30 days)</p> <p>Service Period decimal equivalent calculation = 240/270</p> <p style="text-align: center;">Decimal equivalent = .8889</p> <p>5. (12 x .8889 = 10.6668 (10 mos.) .6668 x 30 = 20.0040 (20 days))</p>

Service Calculation - PeopleSoft

Twelve-Month Employee:

Each full month's credited service equals 30 days; service for a partial month is calculated using actual termination date

Days of Credited Service divided by 360 equals decimal equivalent for Service Period (rounded to four decimal places)

Each day decimal equivalent = .002778

Example #1 – Termination date 4/30/1999

Credited Service equals 120 days (4 mos. X 30 days)

Service Period decimal equivalent calculation = $120/360$

Decimal equivalent equals .3333

Example #2 – Termination date 5/15/1999

Credited Service equals 135 days (4 mos. X 30 days + 15 days in May)

Service Period decimal equivalent calculation = $135/360$

Decimal equivalent equals .3750

Ten-Month Employee:

Each full month's credited service equals 30 days; service for a partial month is calculated using actual termination date

Days of Credited Service divided by 300 equals decimal equivalent for Service Period (rounded to four decimal places)

Each day decimal equivalent = .003333

Ex. #1 – Termination date 4/30/1999

Credited Service equals 120 days (4 mos. X 30 days)

Service Period decimal equivalent calculation = $120/300$

Decimal equivalent equals .4000

Ex. #2 – Termination date 5/15/1999

Credited Service equals 135 days (4 mos. X 30 days + 15 days in May)

Service Period decimal equivalent calculation = $135/300$

Decimal equivalent equals .4500

Eleven-Month Employee:

Each full month's credited service equals 30 days; service for a partial month is calculated using actual termination date

Days of Credited Service divided by 330 equals decimal equivalent for Service Period (rounded to four decimal places)

Each day decimal equivalent = .003030

Ex. #1 – Termination date 4/30/1999

Credited Service equals 120 days (4 mos. X 30 days)

Service Period decimal equivalent calculation = $120/330$

Decimal equivalent equals .3636

Ex. #2 – Termination date 5/15/1999

Credited Service equals 135 days (4 mos. X 30 days + 15 days in May)

Service Period decimal equivalent calculation = $135/330$

Decimal equivalent equals .4091

Nine-Month Employee:

Each full month's credited service equals 30 days; service for a partial month is calculated using actual termination date

Days of Credited Service divided by 270 equals decimal equivalent for Service Period (rounded to four decimal places)

Each day decimal equivalent = .003704

Ex. #1 – Termination date 4/30/1999

Credited Service equals 120 days (4 mos. X 30 days)

Service Period decimal equivalent calculation = $120/270$

Decimal equivalent equals .4444

Ex. #2 – Termination date 5/15/1999

Credited Service equals 135 days (4 mos. X 30 days + 15 days in May)

Service Period decimal equivalent calculation = $135/270$

Decimal equivalent equals .5000

Disability Pension – Quick Reference Guide

QUALIFICATIONS FOR A DISABILITY PENSION

1. At least 5 consecutive years of creditable service.
2. A physical or mental disability which prevents the employee from performing the duties of his/her current position.
3. The disability must be expected to last for at least 90 consecutive days.

DISABILITY PROCESS GUIDELINES

1. The Disability Pension Application should be submitted to the Office of Pensions at the beginning of the ninety day (90) disability evaluation period, or before, to avoid a lapse between the disability pay and the pension effective date.
2. When an applicant applies for a disability pension and returns to work after the Disability Preparation Period, it is essential that all forms be completed as though the pension process were still active.
3. The three months of disability pay begins from the date of disability to the end of the third full month.
4. Notify the Pension Office immediately upon the return to work, or death, of an applicant.
5. If there is any indication of a disability, please advise the member, in writing, of their right to apply for a disability pension and have him/her sign a written statement that they have been so advised.
6. No pension payment will be paid until the applicant's file is reviewed by the Hartford and officially approved by the Executive Secretary to the Board of Pension Trustees.
7. Make applicant aware of earnings limitations if under age 60.
8. Social Security Credits - An individual on disability pension needs to be aware of how much income he/or she must receive each year in order to keep their earning credits active with Social Security.
9. Securian Waiver - Applicant should contact Securian regarding changes to employment status.
10. Final pay may not be a complete regular pay.
11. All disability pensioners with Social Security awards must enroll in Medicare Part B when eligible, regardless of age.

State Employees' Disability Pension (Title 29 Section 5522)

- 5 consecutive years of credited service
(Does not include the 3+ months of disability evaluation pay)
- Did not elect the Disability Insurance Program (DIP)

QUALIFICATIONS FOR A DISABILITY PENSION

(Did not elect to participate or defaulted to participate in the Disability Insurance Program)

- **At least 5 consecutive years of creditable service.**
 - This does not include the 3 months of Disability Preparation Period.
 - Approved Leaves are NOT considered a break in service.

Reference: State Employees' Pension Plan Law
Chapter 55 Section 5524(a) and 5501(d)(6)

- **A physical or mental disability which prevents the member from performing the duties of his/her current position.**

Reference: State Employees' Pension Plan Law
Chapter 55 Section 5524(c)

- **The disability must be expected to last for at least 90 consecutive days.**
 - This should be confirmed by a statement from the treating physician.

Reference: State Employees' Pension Plan Law
Rules & Regulations 1.0

DISABILITY PROCESS GUIDELINES

- **The Disability Pension Application should be submitted to the Office of Pensions at the beginning of the ninety day (90) disability evaluation period, or before, to avoid a lapse between the disability pay and the pension effective date.**

The required forms will be sent to the applicant's employer when the disability pension application's service is accepted in Pen-App. If the Pen-App is submitted late or without required service documentation, the process will be delayed and may result in a lapse of income and benefits for the applicant. Enrollment in benefits cannot be completed until the disability applicant is medically approved for a disability pension by the Executive Secretary to the Board of Pension Trustees. The Hartford does not review the medical information until all forms are completed and returned. **A SPECIALIST, not a family practitioner, must complete the Attending Physician's Statement of Functionality.** Disability pensioners may be subject to medical review until age 60.

APPLICATION FOR LONG TERM DISABILITY INCOME BENEFITS

The Office of Pensions will send the required form to the applicant's Human Resource personnel upon acceptance of service in Pen-App. The Human Resource personnel must provide the Pensioner ID, Date

of Hire, Last Day Worked, Hours worked on last day and provide a job description along with the signed Pension Application.

- **When an applicant applies for a disability pension and returns to work after the Disability Preparation Period, it is essential that all forms be completed as though the pension process were still active.**

Even though the Three-Month Disability Preparation Period payments are being paid through the employer, these monies must be officially approved by the Executive Secretary to the Board of Pension Trustees. If approval is not granted, the applicant must reimburse the employer for the monies received during the Three-Month Disability preparation period. An applicant who is not approved has the right to appeal the denial.

Payroll adjustments required for employees working a less than 12 month contract being paid on 26 pay basis. Convert employee to contract pay basis for disability evaluation period (ex. 10 month employee 22 pay).

- **The three months of disability pay**

The three months of disability pay begins from the date of disability to the end of the third full month at the same rate of compensation the employee received before the employee became disabled.

Applicants are not eligible to receive a raise during the three month disability preparation period.

- **Notify the Office of Pensions immediately upon the return to work, or death, of an applicant.**

Please notify us in writing by letter, fax or e-mail. Doing so will help to prevent any overpayment of pension benefits.

- **If there is any indication of a disability, please advise the member, in writing, of their right to apply for a disability pension and have him/her sign a written statement that they have been so advised.**

Following this procedure will eliminate a future debate as to whether or not an employee was advised of their right to apply.

If you are aware that a particular situation is a personnel problem as opposed to a disability, please handle it as such and do not involve the Office of Pensions. (SEE ADVISEMENT OF RIGHT TO APPLY FOR DISABILITY PENSION)

- **No pension payment will be paid until the applicant's file is reviewed by The Hartford and officially approved by the Executive Secretary to the Board of Pension Trustees.**

Benefits will always be retroactive to the effective date. Deposits are issued the last working day of each month. If the disability pension is approved, the first deposit will be issued the month following the effective date due to lag payroll.

- **Make applicant aware of earnings limitations if under age 60.**

Earnings limits will be set at half of applicant's annual salary at time of disability and will be adjusted annually by a percentage determined by the Federal Bureau of Labor and Statistics.

Disability pensioners under age 60 are required to report earnings each year and, if earnings have exceeded the limit, adjustments will be made in the pension benefit over the next fiscal year to recoup all earnings over the limit. (This includes all earnings as opposed to earnings in a State position only.)

- **Social Security Credits**

An individual on disability pension needs to be aware of how much income he/she must receive each year in order to keep their earning credits active with Social Security. Have the individual contact Social Security for further information.

- **Securian Waiver**

Applicant should contact Securian at (800) 328-9442 or at their website www.lifebenefits.com regarding their change in employment status. Applicants can apply for a waiver of premiums. This means that premiums must only be paid from the time of their last day worked through the next 9 months. At the end of the 9 months, the coverage is free until age 65. Periodic medical reviews may be required by Securian in order to continue premium-free coverage. If the applicant returns to work (anywhere), the waiver will be cancelled.

- **Final Pay**

The final pay may not be a complete regular pay. The applicant earns pension credit through the third full month following the last day worked and is paid at the applicant's regular rate of pay for this period. If the final pay is a partial pay period, divide the regular 2-week pay amount by 10 days to get a daily rate. The daily rate is multiplied by the number of days in the last pay cycle for which pension credit is given and this becomes the final pay.

- **All disability pensioners with Social Security awards must enroll in Medicare Part B when eligible, regardless of age. The penalty for not enrolling in Medicare Part B is that the pensioner will lose health insurance coverage through the Office of Pensions.**

Disability Insurance Program (DIP) Overview

Enrollment

- During the election period of 10/17/2005 – 12/15/2005, all members vested as of 12/31/2005 were instructed to make a one-time irrevocable election online to join the new Disability Insurance Plan (DIP) or remain in the Disability Pension Plan. Members who did not exercise their election automatically defaulted to the Disability Pension Plan.

- All members participating in the SEPP who were not vested as of 12/31/2005 were automatically enrolled in the Disability Insurance Program (DIP)
- All new members are automatically enrolled in DIP.
- The Office of Pensions administered the disability election process.
- The Statewide Benefits Office is administering the Plan.

Short Term Disability (STD)

- Member must apply for STD if disabled more than 30 days
- Member and/or employer may initiate the claim with The Hartford (current DIP vendor)
- Contact The Hartford as soon as the member knows the disability will extend beyond 30 days
- Upon approval of the claim, the State pays STD from day 31 – 182 or until recovery from the disability, return to work, or termination
- State pays 75% of the member's base salary (inclusive of hazard duty pay)
- Member continues to accrue pension credit, sick leave, vacation leave, and participates in health care
- The member may elect to supplement STD with leave up to 25% of base salary (total compensation not to exceed 100% of base salary)
- STD is paid biweekly thru PHRST
- Pension contributions continue for employee & employer
- Member's position is protected during STD

Long Term Disability (LTD)

- Upon approval, The Hartford pays LTD from day 183 to recovery from the disability, return to work, or termination
- The Hartford pays 60% of the member's base salary (inclusive of hazard duty pay)
- LTD is paid monthly by The Hartford
- Health care premiums will be withheld from the benefit
- Employment with employer ends
- **Employer prepares a vested LTD pension application** to include pension creditable service thru the end of the STD period
- Office of Pensions will update Pen-App at time of retirement to include service accrued during the LTD period
- Member continues to accrue pension credit until LTD ceases

Pen-App Example: Vested Long Term Disability Pension

< Employee Details
Application Page

Employee Details

Empl ID	122439	Empl Record	100	Ben Pln	A001	Date of Birth	06/16/1957	Return to Search
Name	Iwamoto,Reilly			SSN	:	Department	100247470	
*Payee Type	Term/Vest	Payee Status	Pending			Applic Status	Initial	
Date of Death								

Address: 810 Woodland Mills Drive
 Lincoln DE 19960-0000 USA

*Type	Telephone	Extension	Preferred		
HOME	302/111-5566		<input checked="" type="checkbox"/>	+	-

Email Addresses

*Email Type	*Email Address	Preferred		
Home	vacay4ever@aol.com	<input checked="" type="checkbox"/>	+	-

Input Dt: 11/19/2020 User: PPEN Administrator *Term EffDt: 01/01/2021
 *Retrmt Effdt: 07/01/2022 P/R Dt: *Service Type: Vested

- The *Payee Type* is *Term/Vest* because the member is terminated from State employment as of Day 183 and will collect a pension benefit in the future.
- The *Termination Effective Date (Term Effdt)* is the day after the last day of STD benefits.
- The *Retirement Effective Date (Retrmt Effdt)* is the first day of the month following his/her 65th birthday unless the person is 60 when the disability occurred. If the member is 60 at the time of the disability, the effective date will be the first day of the month following the benefits duration period according to The Hartford.
- The *Service Type* is *Vested LTD* - while the member is on Long Term Disability, he/she continues to accrue pension credit and will collect a pension benefit in the future.

State Employees' Survivor Pension (Title 29 Section 5522)

Payable to a survivor the month following the death of a **retired member**

- 50%, 66.67%, 75%, or 100% of the benefit being paid to the deceased retiree

Payable to a survivor the month following the death of an **active member** who has **5 years of consecutive credited service**

- 75% of the benefit the deceased member would have been eligible to receive at age 62

The amount payable to a surviving spouse who has not attained age 50 at the time the survivor's pension begins, shall be actuarially reduced for each month the survivor is under age 50 in accordance with actuarial tables approved by the Board of Pension Trustees. However, the actuarial reduction for any such surviving spouse shall not apply for the period during which such surviving spouse has in his or her care an unmarried child(ren).

Eligible Survivors:

- Spouse
- Unmarried Dependent Child(ren) under age 18 (if between the ages of 18 and 22, must be a full-time student), Biological child, A non-biological child must be adopted as the member's child, A step-child must be the dependent of the member and claimed on the deceased's federal tax return as proof of dependency, Unmarried Disabled Dependent Child(ren)
- Permanently disabled as a result of a disability that began before the child attained age 18. Must be in the care of the member and not institutionalized
However, if the disabled child is institutionalized, the biological parent/member must claim the child as a dependent for income tax purposes
- Dependent Parent(s)

****Priorities can be changed by filing a notarized Survivor Order of Priority (SOP-1) form.**

SOP-1 Form

SAMPLE

RESET FORM



STATE OF DELAWARE OFFICE OF PENSIONS

PRIORITY OF ELIGIBLE SURVIVORS

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name: _____ Pension ID: _____

In accordance with Title 11 Del. C. §8351(13) or §8801(14) or Title 29 Del. C. §5528(d), §5614(d), §5578(c) for survivor pension purposes, I would like to change the order of priority of eligible survivors as follows:

Name	Date of Birth	Relationship

JSB-1 Form

SAMPLE

RESET FORM



STATE OF DELAWARE OFFICE OF PENSIONS

JOINT AND SURVIVOR BENEFIT FORM

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name: _____ Pension ID: _____
(PLEASE PRINT)

In accordance with 11 Del. C. § 8368, 11 Del. C. § 8821(a), 29 Del. C. § 5527(g)(1), 29 Del. C. § 5577, and 29 Del. C. § 5613(3), the employee **must** complete this form prior to the issuance of the first pension check even if you do not have an eligible survivor. Once this election has been made, it shall be **IRREVOCABLE and cannot be changed for any reason including any future change in the pensioner's survivor, marital, or dependent status.**

The purpose of this form is for you to choose the percentage of the monthly pension that you would like to leave to your eligible survivor(s) at the time of your death (an eligible survivor is your spouse, dependent children under 18, children 18 to 22 that are full time students, a child that is permanently disabled as a result of a disability which began before the child attained age 18, or your dependent parents).

- Do not complete a JSB-1 document. The 75% option will be automatically applied thereby providing the survivor(s) with the highest possible benefit.

SURVIVOR OF DECEASED ACTIVE MEMBER

Required documents for the deceased member:

- Certified Copy of the Death Certificate
- Birth Verification
- Marriage Verification(s)
- Divorce Decree(s)
- Social Security Card
- Survivor Pension Application

Required documents for the survivor(s):

- Personal and Payroll documents are the same as if processing a regular service pension.
- If the survivor is under age 50 with no dependent children, the pension benefit will be actuarially reduced based on the number of months short of age 50.
- If the survivor is under age 50 with a dependent child (ren), provide copies of the birth verification(s) for the child (ren) with the application.
- If the survivor is a minor, provide guardianship papers.
- If the survivor is a child between 18 and 22, a statement from the child's school indicating full-time attendance.

If a member dies with **less than 5 years of consecutive credited service or leaves no eligible survivors**, the beneficiary(ies) designated on the most recent Member Actuarial Information (Form P-1) or Contributory Designation/Change of Beneficiary Form (Form BEN-1) will be paid a lump sum equal to the excess, if any, of the accumulated contributions with interest. If there is no designated beneficiary(ies), the sum will be paid to the estate.

Submit to the Office of Pensions an Application for Death Benefit Payment (Form DB-1) and a certified copy of the death certificate.

Note: Please remember to notify the payroll department as soon as possible, so they can complete the PCC-1 in a timely manner.

Retirement Process

State of Delaware – Office of Pensions

Telephone: (302) 739-4208

Toll-free: (800) 722-7300

E-mail: pensionoffice@delaware.gov

- An employee should notify their supervisor and their organization's Human Resources department four (4) months prior to their retirement date to ensure timely processing of pension benefits.
- Once notified, the Human Resources department of the employee's organization begins the process of verifying service by initiating an electronic Pension Application (Pen-App). The Office of Pensions verifies the employee's service and sends a confirmation email back to the Human Resources department after creditable service is confirmed.
- The Human Resources department of the employee's organization then contacts the employee for an appointment to complete the necessary paperwork.
- The Human Resources department requires the employee to bring the following personal documents to their appointment.
 - Birth verification (or federal identification compliant Delaware driver license or identification card) for employee, spouse, and eligible dependent(s)
 - Signed Social Security card for employee, spouse, and eligible dependent(s)
 - Marriage verification, death certificate, or divorce verification, as applicable
 - Medicare card showing Parts A and B coverage for employee, spouse and dependent(s), if enrolled in Medicare
- Once the pension application is signed and notarized, it, as well as the required documents, is forwarded to the Office of Pensions. The signed pension application and required documents should be in our office thirty (30) days prior to the effective date of pension (ex., Retirement effective date of 7/1/YY, the signed pension application should be in our office no later than 6/1/YY). Upon receipt of the pension application by the Office of Pensions, the employee receives a letter acknowledging receipt of the pension application, effective date of retirement and the payroll processing month.
- Since all organizations (with the exception of some University of Delaware employees) are on lag payroll, the first pension check is deposited at the end of the next month following the effective date of pension (ex., Retire 1/1/YY, first direct deposit received on 2/28/YY and includes two months of pension).
- If the employee has buy-in options upon retirement, notification regarding the purchase is mailed to the home address the month the employee is scheduled to receive their first monthly pension payment (ex. February, using the example above). The buy-in options cannot be calculated until the final pay is made by the organization and the Pension Compensation Calculation (PCC-1) form is submitted to the Office of Pensions.

Application Checklist

SAMPLE

Employee Details	Service Details	Buy-Ins	Application Checklist	Comments
------------------	-----------------	---------	------------------------------	----------

Empl ID 122439 Empl Record 100 Ben Pln A001 Date of Birth 06/16/1957 [Return to Search](#)
 Name Iwamoto,Reilly SSN 998546912 Department 10024740
 Payee Type Retiree Payee Status Pending Applic Status Initial

Benefits Documentation

Organization	Pension Office
Health Application <input type="text"/>	Health Application <input type="text"/>
Dental Application <input type="text"/>	Dental Application <input type="text"/>
Vision Application <input type="text"/>	Vision Application <input type="text"/>
<input type="checkbox"/> Copy of Medicare Card	<input type="checkbox"/> Copy of Medicare Card
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Dependents	<input type="checkbox"/> Dependents
<input type="checkbox"/> Ben. Form for Burial Benefit (GL1)	<input type="checkbox"/> Ben. Form for Burial Benefit (GL1)
<input type="checkbox"/> Spousal Coordination of Benefits	<input type="checkbox"/> Spousal Coordination of Benefits
<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Coordination of Benefits

Copies of

Organization	Pension Office
<input type="checkbox"/> Birth Verification	<input type="checkbox"/> Birth Verification
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Dependents	<input type="checkbox"/> Dependents
<input type="checkbox"/> Social Sec Card	<input type="checkbox"/> Social Sec Card
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Dependents	<input type="checkbox"/> Dependents
<input type="checkbox"/> Marriage Verification	<input type="checkbox"/> Marriage Verification
Divorce/Death Cert <input type="text"/>	Divorce/Death Cert <input type="text"/>
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Dependents	<input type="checkbox"/> Dependents

Additional Documentation

Organization	Pension Office
<input type="checkbox"/> Bank/Cred Un. Deposit (DA)	<input type="checkbox"/> Bank/Cred Un. Deposit (DA)
<input type="checkbox"/> Tax Withholding Election (TWE)	<input type="checkbox"/> Tax Withholding Election (TWE)
Joint Survivor Benefit Opt <input type="text"/>	Joint Survivor Benefit Opt <input type="text"/>
<input type="checkbox"/> PCC-1	<input type="checkbox"/> PCC-1
<input type="checkbox"/> (P-1) Actuarial Form / (Ben-1) Contrib Designation	<input type="checkbox"/> (P-1) Actuarial Form / (Ben-1) Contrib Designation

- Manual Pre99 Service Update
- Application Signed & Notarized
- Retiree Record Created
- Payroll Complete

Payroll POC:

POC Email:

Created by: **PPEN Administrator**

Submitted by:

Approved by:

First Reviewer:

Second Reviewer:

Closed by:

[Save](#) [Return to Search](#) [Notify](#)



MILITARY VERIFICATION

FOR A COPY OF YOUR ORIGINAL FORM DD214

GO TO: www.archives.gov/veterans

OR

SEND REQUEST IN WRITING TO:

NATIONAL PERSONNEL RECORD CENTER

9700 Page Boulevard

St. Louis, MO 63132

COPIES OF STATEMENT OF SERVICE

The Delaware Commission of Veterans Affairs has established a repository for veterans' "Statement of Service" or similar documentary verification of active armed service. Records maintained are World War I through the Vietnam era. In 1987 the State of Delaware again started keeping records and has records from 1987 to present. (Title 29, Chapter 87, Section 8721)

STATE OF DELAWARE

Delaware Commission of Veterans Affairs

Robbins Building

802 Silver Lake Plaza, Suite 100

Dover, DE 19904

(302) 739-2792 – FAX (302) 739-2794

1-800-344-9900 (In state only)

Personal Documentation

In order to obtain a federal identification compliant Delaware driver's license on or after 7/1/2010, a driver must present one-time validation of full legal name, date of birth, and citizenship/legal presence in the US.

A federal identification compliant Delaware driver license or identification card is distinguishable by the gold star in the upper right corner, and a non-compliant card is distinguishable by the phrase "Not for Federal Identification" printed in the upper margin.



If a retiring employee in any Delaware Public Employees Retirement System pension plan has a Delaware driver's license issued on or after 7/1/2010 that shows a gold star in the upper right corner (indicating federal identification compliant), he/she will not be required to provide proof of legal name (provided the current name is the same as that on the DE driver's license), date of birth or citizenship.

Please see [Real ID/Drivers License/Identification Cards - Division of Motor Vehicles](#) for more information about Delaware's federal identification compliant driver's licenses.

Documentation is required based on the section:

- Pen App for retirement– A federal compliant driver's license with the person's legal name can replace the birth verification, marriage license and the divorce decree
- Health Benefits – A current marriage verification is required to cover a spouse as a dependent
- Survivors Pension – Documentation must be provided to complete a name verification from birth to current. In this case you may need the following:
 - Birth verification
 - Divorce decree
 - Marriage verification

Birth Certificate State of Delaware

Division of Public Health

Birth & Death Records - Office of Vital Statistics Obtaining Records

The public can obtain individual copies of birth, death, adoptee, marriage, same-gender marriage and civil union certificates through any of the following:

- in person at any of [three locations](#) around the state
- via a [written request](#) to the Office of Vital Statistics located in the Jesse S. Cooper Building in Dover
- online through the [VitalChek Network Delaware](#) webpage*
- via telephone by calling 1-877-888-0248

using the following forms:

- [Same-Gender Marriage Certificate](#)
- [Marriage Certificate](#)
- [Birth Certificate](#)
- [Adoptee's Birth Certificate](#)
- [Death Certificate](#)
- on the Internet, through the [VitalChek Network](#) *

*The Delaware Office of Vital Statistics does not accept credit cards through the internet or online orders for records. For your convenience, however, you can process online requests for records through an independent company that we have partnered with to provide you this service – VitalChek Network, Inc. VitalChek can be reached either through its website, www.vitalchek.com, or by phone at 1-877-888-0248. An additional fee is charged by VitalChek for using this service, and all major credit cards are accepted, including American Express®, Discover®, MasterCard® or Visa®.

The Office of Vital Statistics also protects the confidentiality and legality of all vital records in its possession. The Vital Statistics Review Subcommittee, an interdivisional panel, reviews all requests for information for research and investigation prior to the release of information to others.

Heirloom Birth Certificates

Several years ago, in a collaborative effort with the Children's Trust Fund, this office began issuing heirloom birth certificates. Funds raised from the sale of these attractive certificates contribute fifty percent of their cost to the Children's Trust Fund for activities to prevent child abuse. The Division retains the other fifty percent to facilitate funding of the actual costs associated with the certificates.

Helpful Link

- [Delaware State Archives Guide to Vital Records page](#)



Please note: Some of the files available on this page are in Adobe PDF format which requires Adobe Acrobat Reader. A free copy of Adobe Acrobat Reader can be downloaded directly from [Adobe](#). If you are using an assistive technology unable to read Adobe PDF, please either view the corresponding text only version (if available) or visit Adobe's [Accessibility Tools page](#).

Last Updated: Wednesday August 19 2015

<http://dhss.delaware.gov/dhss/dph/ss/vitalstats.html>

SUGGESTED DOCUMENTS WHICH MAY BE SUBMITTED TO PROVE NAME, DATE OF BIRTH OR AGE, AND PLACE OF BIRTH TO THE AGENCY OR PARTY(S) NEEDING THIS PROOF

One (1) of the Following:

- 1. Social Security Administration Form 2458** (*Report of Confidential Social Security Benefit Information*)
- 2. Statement from the record of the doctor in attendance at birth**
- 3. A hospital, nursing, or clinic record** (*showing age at given time*)
- 4. A baptismal certificate, cradle roll or other church record** (*The copy of the Church Record must be signed by the Minister or Custodian of Records. The copy of the record should state the full name, birth date, birthplace, and parent's names.*)

Any Two (2) of the Following:

- 1. Insurance policy or photocopy of medical record section**
- 2. Birthday books**
- 3. Family Bible record or photocopy of page where birth is recorded** - *Record must be unchanged and appear to be made close to the time of birth.*
- 4. School record** - *A statement signed by the school official should show name, age or date of birth, place of birth and date record was established.*
- 5. Birth Verification of own child** - *Which shows full name, age and birthplace of the parent.*
- 6. Marriage Record**
- 7. Employment Record** - *Statement signed by employing official showing the name, birth date or age and the date of entering employment.*
- 8. Military Record** – *Military discharge or statement made by Adjutant General or other officer taken from State or Federal Records.*
- 9. Federal Census Record** – *Verification of date and place of birth by the Bureau of the Census Records made next following the date of birth.*
- 10. Voting Record** – *From the Department of Elections*
- 11. Motor Vehicle Operator's License**
- 12. Passport**
- 13. Naturalization papers**
- 14. Other Record(s)** – *Any authentic recorded document dated near the date of birth on which the needed proof would appear.*

Get a replacement Social Security card

Courtesy of:

www.socialsecurity.gov

How do I replace my Social Security card?

You will need to:

- Show the required documents. We need to see different documents depending on your citizenship and the type of card you are requesting. See the **LEARN** *what documents you need* box to find out what documents you will have to show.
- **FILL OUT & PRINT** an Application; and
- **TAKE OR MAIL** this information to your local Social Security Office.

Important Information

All documents must be either originals or copies certified by the agency that issued them. We cannot accept photocopies or notarized copies. All documents must be current (not expired). We cannot accept a receipt showing you applied for the document.

Get a [certified copy of a document](#) showing a birth, marriage or divorce that took place in the U.S.

We will mail your card as soon as we have all of your information and have verified your documents. Your replacement card will have the same name and number as your previous card.

What Original Documents Do I Need?

Citizenship

If you have not already established your U.S. citizenship with us, we need to see proof of U.S. citizenship. We can accept only certain documents as proof of U.S. citizenship. These include a U.S. birth verification or U.S. passport.

Identity

We can accept only certain documents as proof of identity. An acceptable document must be current (not expired) and show your name, identifying information (date of birth or age) and preferably a recent photograph. For example, as proof of identity Social Security must see your:

- U.S. driver's license.
- State-issued non-driver identification card; or
- U.S. passport.

If you do not have one of these specific documents or you cannot get a replacement for one of them within 10 days, we will ask to see other documents. Any documents submitted, including the following, must be current (not expired) and show your name, identifying information (date of birth or age) and preferably a recent photograph:

- Employee identification card
- School identification card
- Health insurance card (not a Medicare card); or
- U.S. military identification card.

Note:

We may use one document for two purposes. For example, we may use your U.S. passport as proof of both citizenship and identity.

DA – Direct Deposit Form

SAMPLE

[RESET FORM](#)

	STATE OF DELAWARE OFFICE OF PENSIONS	DIRECT DEPOSIT FORM
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		

Pensioner Information (please print clearly)			
Name – First, M.I., Last:		Pension ID or SSN:	
<input type="checkbox"/> Check Here for Change of Address	Street or P.O. Box:		
	City:	State:	Zip Code:
Email Address:		Phone Number:	



INCORRECT ROUTING AND/OR ACCOUNT NUMBERS WILL RESULT IN YOUR DIRECT DEPOSIT BEING DELAYED UNTIL THE

TWE Form

SAMPLE

Form W-4P (Rev. January 2022) Department of the Treasury Internal Revenue Service	Withholding Certificate for Periodic Pension or Annuity Payments ▶ Give Form W-4P to the payer of your pension or annuity payments.	OMB No. 1545-0074 2022									
Step 1: Enter Personal Information	<table style="width: 100%;"> <tr> <td style="width: 50%;">(a) First name and middle initial</td> <td style="width: 30%;">Last name</td> <td style="width: 20%;">(b) Social security number</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td colspan="3">City or town, state, and ZIP code</td> </tr> </table>		(a) First name and middle initial	Last name	(b) Social security number	Address			City or town, state, and ZIP code		
(a) First name and middle initial	Last name	(b) Social security number									
Address											
City or town, state, and ZIP code											
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)										

DE-W4

	DELAWARE F O R M DIVISION OF REVENUE DE-W4	
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE		
PRINT		RESET
1. FIRST NAME AND MIDDLE INITIAL	LAST NAME	2. TAXPAYER ID
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)		3. MARITAL STATUS
		<input type="checkbox"/> Single <input type="checkbox"/> Married
CITY OR TOWN	STATE	ZIP CODE

What portion of the “State Share” will be paid by the State of Delaware for me?


- ❖ Health benefits are available with 100% of the “State Share” paid by the State of Delaware for the following pensioners
 - First hired prior to 7/1/1991
 - Disability pensioners
 - Members receiving Long Term Disability benefits paid by the Hartford

- ❖ For members first hired on or after 7/1/1991 through 12/31/2006, the following portion of the “State Share” will be paid by the State of Delaware
 - Less than 10 years of credited service 0%
 - 10 years – 14 years 11 months 50%
 - 15 years – 19 years 11 months 75%
 - At least 20 years 100%

- ❖ Effective 1/1/2012, for members first hired on or after 1/1/2007, the following portion of the “State Share” will be paid by the State of Delaware
 - Less than 15 years of credited service 0%
 - 15 years – 17 years 6 months 50%
 - 17 years 7 months – 19 years 11 months 75%
 - At least 20 years 100%

Health Care Application / Refusal – Non Medicare Form

SAMPLE

NON-MEDICARE  **RESET FORM**

STATE OF DELAWARE OFFICE OF PENSIONS
APPLICATION FOR NON-MEDICARE HEALTH CARE COVERAGE

If refusing coverage, please complete Section A and sign the refusal at the bottom of page ONLY

A. PERSONAL:		Pension ID OR SSN:		Agency: OFFICE OF PENSIONS	
<input type="checkbox"/> Male	<input type="checkbox"/> Retiree	<input type="checkbox"/> Dependent			
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse				
Last Name:		First Name:		Date of Birth (month/day/year):	
Address:			Phone Number:		Alternate Phone Number:
				City:	State Zip Code:

MEDICARE

- Medicare Part A and Part B enrollment is required for all pensioners and their eligible insured dependents when they attain Medicare eligibility either due to disability or age 65.
- Medicare Part A – Federal Hospital insurance
- Medicare Part B – Federal Medical insurance (doctors, supplies, etc.)
- Medicare Part D – Prescriptions
 - An individual can only have one Part D enrollment, Tricare coverage is the exception.

*Contact a Benefits Representative for further details

IMPORTANT INFORMATION FOR MEDICARE ELIGIBLE RETIREES

The prescription plan for Medicare eligible retirees is an *enhanced* Medicare Part D plan.

Important Facts to know:

- With the State of Delaware’s enhanced plan.
 - You will not be responsible for a deductible at the beginning of each calendar year; your co-pays will remain the same.
 - You will not be subjected to an increased cost in the Coverage Gap (Donut Hole) stage; your co-pays will remain the same.
 - Enrollment in Medicare Parts A & B is required when eligible; late enrollment may result in a late enrollment penalty. You must apply for Medicare Parts A & B as early as possible to avoid delays in receiving your prescription coverage.
 - When enrolling in Medicare Parts A & B through the Social Security Administration; do not enroll in Part D.

Required documents to be provided to the Office of Pensions

- Health Application
- Medicare Card (copy)
 - Must show effective dates for Parts A & B
 - Must be signed
- If the member does not have a Medicare Card yet
 - If the member has not yet applied through Social Security Administration
 - Member must apply for Medicare Parts A & B *immediately*
 - Member must provide a signed copy of their Medicare Card showing both Parts A & B immediately upon receiving it.
 - Late enrollment may result in a late enrollment penalty
 - Member can ask the Social Security Administration for a letter that verifies that they have applied for Parts A & B. A copy of this letter can be sent to the Office of Pensions until the Medicare Card arrives.

INSTRUCTIONS FOR THE SOCIAL SECURITY REQUEST FOR EMPLOYMENT INFORMATION FORM

If a member and/or a member's spouse is 65 years old or older and is covered under an active employer's health care group, neither one needs Medicare coverage.

However, upon retirement, this REQUEST FOR EMPLOYMENT INFORMATION FORM must be completed by Human Resources in order for the member and/or spouse to avoid a penalty (One form per eligible person).

To complete the form if received from the local Social Security Office:

1. Is (or was) the claimant covered under an Employer Group Health Plan? **Check Yes**
2. If yes, give the original date the coverage began. **Date of hire or date eligible for benefits after the probation period**
3. Has the coverage ended? **Check Yes**
4. If yes, give the date the coverage ended. **Effective date of pension**
5. When did the employee work for your company? **From Hire Date – To Date of Termination**

A Human Resource Representative completes with Signature and Title, Date, and Telephone Number.

To complete the form prior to the member's retirement:

1. Is (or was) the claimant covered under an Employer Group Health Plan? **Check Yes**
2. If yes, give the original date the coverage began. **Date of hire or date eligible for benefits after the probation period**

- 3. Has the coverage ended? **Check No and write “Will End On” and the Date of Termination**
- 4. If yes, give the date the coverage ended. **Still write the Effective date of pension even if #3 is “No”**
- 5. When did the employee work for your company? **From Hire Date – To Date of Termination and DO NOT check Still employed**

The member or spouse will take this form to the local Social Security Office in order to pick up their Part B coverage.

Form CMS-L564

SAMPLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION


SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name		2. Date	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
3. Employer's Address			
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. Applicant's Name		5. Applicant's Social Security Number	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
6. Employee's Name		7. Employee's Social Security Number	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	

Dental Application or Refusal Form

SAMPLE


RESET FORM

	STATE OF DELAWARE OFFICE OF PENSIONS	DENTAL APPLICATION OR REFUSAL
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		
Effective Date: <input style="width: 150px;" type="text"/>		
A. PLEASE CHECK THE APPLICABLE BOX OR BOXES:		
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Termination/Refusal	<input type="checkbox"/> Change of Dependents
<input type="checkbox"/> Coverage Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Name Change
B. PLEASE SELECT COVERAGE OPTION:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual & Child(ren)	
<input type="checkbox"/> Individual & Spouse	<input type="checkbox"/> Family	
C. PLEASE SELECT ONE DENTAL PLAN:		
<input type="checkbox"/> Delta Dental		
<input type="checkbox"/> Dominion National *Must provide Dentist Name		
D. PLEASE COMPLETE ALL PERSONAL INFORMATION:		
Pension ID or SSN:	Name (Last, First, Middle Initial):	Date of Birth:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Vision Application or Refusal

SAMPLE

RESET FORM

	STATE OF DELAWARE OFFICE OF PENSIONS	VISION APPLICATION OR REFUSAL
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		
Effective Date: <input style="width: 150px;" type="text"/>		
A. PLEASE CHECK THE APPLICABLE BOX OR BOXES:		
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Termination/Refusal	<input type="checkbox"/> Change of Dependents
<input type="checkbox"/> Coverage Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Name Change
B. PLEASE SELECT THE COVERAGE OPTION:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual & Child(ren)	
<input type="checkbox"/> Individual & Spouse	<input type="checkbox"/> Family	
C. PLEASE SELECT ONE VISION PLAN:		
<input type="checkbox"/> High		
<input type="checkbox"/> Low		
D. PLEASE COMPLETE ALL PERSONAL INFORMATION:		
Pension ID or SSN:	Name (Last, First, Middle Initial):	Date of Birth:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

SPOUSAL COORDINATION OF BENEFITS FORM

<https://dhr.delaware.gov/benefits/>

If you cover your spouse in one of the State of Delaware's Group Health Insurance Plans, you **MUST** complete a new Spousal Coordination of Benefits form **each year** during Open Enrollment and anytime your spouse's employment or insurance status changes. If you do not complete a form, your spouse's coverage will be reduced to 20%.

Please read the acknowledgement sections at the end of this form carefully. You are responsible for understanding the requirements of the Spousal Coordination of Benefits Policy described here, for providing verification as noted, and for the accuracy of the information in this form.

Additional information not covered by the form should be entered into the "Comments" sections at the end of the form. If any information entered on this form is found to be false or incorrect, and medical claims are paid based on the false or incorrect information, the employee will be required to reimburse the State.

Pensioners 



DEPENDENT CHILDREN TO AGE 26 COORDINATION OF BENEFITS

<https://dhr.delaware.gov/benefits/>

DEPENDENT CHILD TO AGE 26 – COORDINATION OF BENEFITS

State employees, pensioners, and employees of participating groups may cover their dependent children to age 26 in their State health care plan, dental plan and/or vision plan with no restriction on marital, employment, student, resident or tax status. Pursuant to the Group Health Insurance Program Eligibility and Enrollment Rules, an employee or pensioner's children are defined as sons, daughters, stepchildren and adopted children.

A Dependent Coordination of Benefits Form must be completed and sent to the appropriate carrier for each enrolled dependent child regardless of age upon request by the Statewide Benefits Office, the State of Delaware GHIP health care carrier, or when a dependent child:

- is enrolled for the first time in a State of Delaware GHIP;
- is also covered under a health care plan through another parent;
- is also covered under another health care plan as an employee;
- loses or changes coverage through an employer or another parent.

Forms and Documentation

- [Dependent Coordination of Benefits Policy](#)
- [Highmark Delaware Dependent Coordination of Benefits Form](#)
- [Aetna Dependent Child Coordination of Benefits Form](#)
- [2014 Adult Dependent Coordination of Benefits FAQs](#)
- **Who Pays First?** (Coordination of Benefits Order of Coverage Chart) - [Look here](#) for examples showing which plan is primary (pays first) when a dependent child has more than one health care coverage.

Last Updated: Monday, 30-Mar-2015 13:38:23 EDT

Burial Benefit Form

SAMPLE

	STATE OF DELAWARE OFFICE OF PENSIONS	RESET FORM
BURIAL BENEFIT DESIGNATION FORM		
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS		

Name (Print): _____ Member ID or SSN: _____

Please complete form in its entirety and return to Pension Office. Incomplete forms will be rejected.

- State Employees' (Retiree Only) New State Police (Retiree Only) Closed State Police (Retiree Only) Legislators' (Retiree Only) County and Municipal Police and Firefighters' (Only applies to members actively employed upon death)

- \$7000 Benefit
- Payable at the time of the *retiree's* death
- No cost to the pensioner
- Beneficiary(ies) designation
- Payment is taxable

RETURN TO WORK CRITERIA

You cannot receive a pension from the State Employees' Pension Plan Fund during any month in which you are an employee as defined under the provisions of that Plan unless you are:

- 1) An official elected by popular vote at a regular State election
- 2) An official appointed by the Governor and confirmed by the State Senate
- 3) A casual/seasonal employee employed by the State of Delaware and works less than 30 hours per week or if 30 hours or more for a period not to exceed 12 months; or a temporary employee who is hired for a specific project or task for a finite period of time that will not exceed 12 months in duration. You may earn \$40,000 annually before pension benefit payments are reduced.
- 4) A substitute employee in a school who is compensated on a daily basis. You may earn \$40,000 annually before pension benefit payments are reduced.
- 5) A temporary justice of the peace appointed pursuant to §9211 of Title 10
- 6) A per diem employee of the legislature
- 7) A registration or election official or juror

IRS Guidelines

The IRS indicates the following guidelines must be followed in order to return to work with an employer from whom you are receiving a qualified pension plan benefit:

If under age 65 –

- Must have a bona fide separation after retirement (six months or greater).
- Must not have had a pre-arranged agreement to return to work with the State.

If over 65, a bona fide separation is not required.

If working as a contractor directly with a state agency, the retiree must submit a completed Direct Employment Form, which incorporates the IRS 20 Factor Test to determine whether an individual qualifies as an employee or independent contractor. The Office of Pensions will issue a determination, based on IRS definitions, as to whether the individual is an employee or contractor. If the retiree is deemed an employee, then the employee must decide whether to continue working or continue to receive their pension benefits, as he/she will be unable to do both.

If working for a contractor, which has contracted its services to a state agency, the retiree must submit a completed Indirect Employment form, which will place the responsibility of determining the retiree's status as a contractor on the three parties involved – the retiree, the contracting state agency and the hiring entity. The Office of Pensions will not issue a determination, but by submitting the form, the parties involved are accepting responsibility for any claims, penalties, or fines that arise from the employment.

DISCLAIMER: In the case of conflict between this summary and the Plan, the Plan prevails.

PHRST PAY SCHEDULES

2001 SCHEDULE OF BENEFIT DEDUCTIONS BY PAYPERIOD

Paycheck Date	Pay Period Dates	Benefit Deduction For...
07/27/01	07/01/01 – 07/14/01	First half of July
08/10/01	07/15/01 – 07/28/01	Second half of July
08/24/01	07/29/01 – 08/11/01	First half of August
09/07/01	08/12/01 – 08/25/01	Second half of August
09/21/01	08/26/01 – 09/08/01	First half of September
10/05/01	09/09/01 – 09/22/01	Second half of September
10/19/01	09/23/01 – 10/06/01	First half of October
11/02/01	10/07/01 – 10/20/01	Second half of October
11/16/01	10/21/01 – 11/03/01	No Health or Dental Deductions
11/30/01	11/04/01 – 11/17/01	First half of November
12/14/01	11/18/01 – 12/01/01	Second half of November
12/28/01	12/02/01 – 12/15/01	First half of December

2002 SCHEDULE OF BENEFIT DEDUCTIONS BY PAYPERIOD

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/11/02	12/16/01 – 12/29/01	Second Half of December
01/25/02	12/30/01 – 01/12/02	First Half of January
02/08/02	01/13/02 – 01/26/02	Second half of January
02/22/02	01/27/02 – 02/09/02	First half of February
03/08/02	02/10/02 – 02/23/02	Second half of February
03/22/02	02/24/02 – 03/09/02	First half of March
04/05/02	03/10/02 – 03/23/02	Second half of March
04/19/02	03/24/02 – 04/06/02	First half of April
05/03/02	04/07/02 – 04/20/02	Second half of April
05/17/02	04/21/02 – 05/04/02	First half of May
05/31/02	05/05/02 – 05/18/02	No Health or Dental Deductions
06/14/02	05/19/02 – 06/01/02	Second half of May
06/28/02	06/02/02 – 06/15/02	First half of June
07/12/02	06/16/02 – 06/29/02	Second half of June
07/26/02	06/30/02 – 07/13/02	First half of July
08/09/02	07/14/02 – 07/27/02	Second half of July
08/23/02	07/28/02 – 08/10/02	First half of August
09/06/02	08/11/02 – 08/24/02	Second half of August
09/20/02	08/25/02 – 09/07/02	First half of September
10/04/02	09/08/02 – 09/21/02	Second half of September
10/18/02	09/22/02 – 10/05/02	First half of October
11/01/02	10/06/02 – 10/19/02	Second half of October
11/15/02	10/20/02 – 11/02/02	First half of November
11/27/02	11/03/02 – 11/16/02	No Health or Dental Deductions
12/13/02	11/17/02 – 11/30/02	Second half of November
12/27/02	12/01/02 – 12/14/02	First half of December

2003 SCHEDULE OF BENEFIT DEDUCTIONS BY PAYPERIOD

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/10/03	12/15/02 – 12/28/02	Second Half of December
01/24/03	12/29/02 – 01/11/03	First Half of January
02/07/03	01/12/03 – 01/25/03	Second half of January
02/21/03	01/26/03 – 02/08/03	First half of February
03/07/03	02/09/03 – 02/22/03	Second half of February
03/21/03	02/23/03 – 03/08/03	First half of March
04/04/03	03/09/03 – 03/22/03	Second half of March
04/17/03	03/23/03 – 04/05/03	First half of April
05/02/03	04/06/03 – 04/19/03	Second half of April
05/16/03	04/20/03 – 05/03/03	First half of May
05/30/03	05/04/03 – 05/17/03	No Health or Dental Deductions
06/13/03	05/18/03 – 05/31/03	Second half of May
06/27/03	06/01/03 – 06/14/03	First half of June
07/11/03	06/15/03 – 06/28/03	Second half of June
07/25/03	06/29/03 – 07/12/03	First half of July
08/08/03	07/13/03 – 07/26/03	Second half of July
08/22/03	07/27/03 – 08/09/03	First half of August
09/05/03	08/10/03 – 08/23/03	Second half of August
09/19/03	08/24/03 – 09/06/03	First half of September
10/03/03	09/07/03 – 09/20/03	Second half of September
10/17/03	09/21/03 – 10/04/03	First half of October
10/31/03	10/05/03 – 10/18/03	No Health or Dental Deductions
11/14/03	10/19/03 – 11/01/03	Second half of October
11/26/03	11/02/03 – 11/15/03	First half of November
12/12/03	11/16/03 – 11/29/03	Second half of November
12/26/03	11/30/03 – 12/13/03	First half of December

2004 SCHEDULE OF BENEFIT DEDUCTIONS BY PAYPERIOD

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/09/04	12/14/03 – 12/27/03	Second half of December
01/23/04	12/28/03 – 01/10/04	First half of January
02/06/04	01/11/04 – 01/24/04	Second half of January
02/20/04	01/25/04 – 02/07/04	First half of February
03/05/04	02/08/04 – 02/21/04	Second half of February
03/19/04	02/22/04 – 03/06/04	First half of March
04/02/04	03/07/04 – 03/20/04	Second half of March
04/16/04	03/21/04 – 04/03/04	First half of April
04/30/04	04/04/04 – 04/17/04	No Health or Dental Deductions*
05/14/04	04/18/04 – 05/01/04	Second half of April
05/28/04	05/02/04 – 05/15/04	First half of May
06/11/04	05/16/04 – 05/29/04	Second half of May
06/25/04	05/30/04 – 06/12/04	First half of June
07/09/04	06/13/04 – 06/26/04	Second half of June
07/23/04	06/27/04 – 07/10/04	First half of July
08/06/04	07/11/04 – 07/24/04	Second half of July
08/20/04	07/25/04 – 08/07/04	First half of August
09/03/04	08/08/04 – 08/21/04	Second half of August
09/17/04	08/22/04 – 09/04/04	First half of September
10/01/04	09/05/04 – 09/18/04	Second half of September
10/15/04	09/19/04 – 10/02/04	First half of October
10/29/04	10/03/04 – 10/16/04	No Health or Dental Deductions*
11/12/04	10/17/04 – 10/30/04	Second half of October
11/24/04	10/31/04 – 11/13/04	First half of November
12/10/04	11/14/04 – 11/27/04	Second half of November
12/23/04	11/28/04 – 12/11/04	First half of December

*No health, dental, or local school benefit deductions will be taken and Benefit Refunds and Adjustments will not be processed on these dates. Flexible Spending Account (FSA), Minnesota Life premiums, Deferred Comp and Tax-Sheltered Annuity contributions will be deducted.

2005 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/07/05	12/12/04 - 12/25/04	Second half of December
01/21/05	12/26/04 - 01/08/05	First half of January
02/04/05	01/09/05 - 01/22/05	Second half of January
02/18/05	01/23/05 - 02/05/05	First half of February
03/04/05	02/06/05 - 02/19/05	Second half of February
03/18/05	02/20/05 - 03/05/05	First half of March
04/01/05	03/06/05 - 03/19/05	Second half of March
04/15/05	03/20/05 - 04/02/05	First half of April
04/29/05	04/03/05 - 04/16/05	No Health or Dental Deductions*
05/13/05	04/17/05 - 04/30/05	Second half of April
05/27/05	05/01/05 - 05/14/05	First half of May
06/10/05	05/15/05 - 05/28/05	Second half of May
06/24/05	05/29/05 - 06/11/05	First half of June
07/08/05	06/12/05 - 06/25/05	Second half of June
07/22/05	06/26/05 - 07/09/05	First half of July
08/05/05	07/10/05 - 07/23/05	Second half of July
08/19/05	07/24/05 - 08/06/05	First half of August
09/02/05	08/07/05 - 08/20/05	Second half of August
09/16/05	08/21/05 - 09/03/05	First half of September
09/30/05	09/04/05 - 09/17/05	No Health or Dental Deductions*
10/14/05	09/18/05 - 10/01/05	Second half of September
10/28/05	10/02/05 - 10/15/05	First half of October
11/10/05	10/16/05 - 10/29/05	Second half of October
11/23/05	10/30/05 - 11/12/05	First half of November
12/09/05	11/13/05 - 11/26/05	Second half of November
12/23/05	11/27/05 - 12/10/05	First half of December

*No health, dental, or local school benefit deductions will be taken and Benefit Refunds and Adjustments will not be processed on these dates.

*Flexible Spending Account (FSA) and Minnesota Life premiums will be deducted.

*Deferred Compensation and Tax-Sheltered Annuity contributions will be deducted.

Pre-Tax Commuter Benefit Premiums are deducted the second paycheck of each month.

2006 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/06/06	12/11/05 – 12/24/05	Second half of December
01/20/06	12/25/05 – 01/07/06	First half of January
02/03/06	01/08/06 – 01/21/06	Second half of January
02/17/06	01/22/06 – 02/04/06	First half of February
03/03/06	02/05/06 – 02/18/06	Second half of February
03/17/06	02/19/06 – 03/04/06	First half of March
03/31/06	03/05/06 – 03/18/06	No Health or Dental Deductions*
04/13/06	03/19/06 – 04/01/06	Second half of March
04/28/06	04/02/06 – 04/15/06	First half of April
05/12/06	04/16/06 – 04/29/06	Second half of April
05/26/06	04/30/06 – 05/13/06	First half of May
06/09/06	05/14/06 – 05/27/06	Second half of May
06/23/06	05/28/06 – 06/10/06	First half of June
07/07/06	06/11/06 – 06/24/06	Second half of June
07/21/06	06/25/06 – 07/08/06	First half of July
08/04/06	07/09/06 – 07/22/06	Second half of July
08/18/06	07/23/06 – 08/05/06	First half of August
09/01/06	08/06/06 – 08/19/06	Second half of August
09/15/06	08/20/06 – 09/02/06	First half of September
09/29/06	09/03/06 – 09/16/06	No Health or Dental Deductions*
10/13/06	09/17/06 – 09/30/06	Second half of September
10/27/06	10/01/06 – 10/14/06	First half of October
11/09/06	10/15/06 – 10/28/06	Second half of October
11/22/06	10/29/06 – 11/11/06	First half of November
12/08/06	11/12/06 – 11/25/06	Second half of November
12/22/06	11/26/06 – 12/09/06	First half of December

*Health, dental, Blood Bank, and local school benefit deductions will not be taken on these dates.

*Flexible Spending Account (FSA), Minnesota Life, and Supplemental Benefit premiums will be deducted.

*Deferred Compensation and Tax-Sheltered Annuity contributions will be deducted.

2007 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/05/07	12/10/06 – 12/23/06	Second half of December
01/19/07	12/24/06 – 01/06/07	First half of January
02/02/07	01/07/07 – 01/20/07	Second half of January
02/16/07	01/21/07 – 02/03/07	First half of February
03/02/07	02/04/07 – 02/17/07	Second half of February
03/16/07	02/18/07 – 03/03/07	First half of March
03/30/07	03/04/07 – 03/17/07	No Health or Dental Deductions*
04/13/07	03/18/07 – 03/31/07	Second half of March
04/27/07	04/01/07 – 04/14/07	First half of April
05/11/07	04/15/07 – 04/28/07	Second half of April
05/25/07	04/29/07 – 05/12/07	First half of May
06/08/07	05/13/07 – 05/26/07	Second half of May
06/22/07	05/27/07 – 06/09/07	First half of June
07/06/07	06/10/07 – 06/23/07	Second half of June
07/20/07	06/24/07 – 07/07/07	First half of July
08/03/07	07/08/07 – 07/21/07	Second half of July
08/17/07	07/22/07 – 08/04/07	First half of August
08/31/07	08/05/07 – 08/18/07	No Health or Dental Deductions*
09/14/07	08/19/07 – 09/01/07	Second half of August
09/28/07	09/02/07 – 09/15/07	First half of September
10/12/07	09/16/07 – 09/29/07	Second half of September
10/26/07	09/30/07 – 10/13/07	First half of October
11/09/07	10/14/07 – 10/27/07	Second half of October
11/21/07	10/28/07 – 11/10/07	First half of November
12/07/07	11/11/07 – 11/24/07	Second half of November
12/21/07	11/25/07 – 12/08/07	First half of December

*Health, dental, Blood Bank, and local school benefit deductions will not be taken on these dates.

*Flexible Spending Account (FSA), Minnesota Life, and Supplemental Benefit premiums will be deducted.

*Deferred Compensation and Tax-Sheltered Annuity contributions will be deducted.

2008 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/04/08	12/09/07 – 12/22/07	Second half of December
01/18/08	12/23/07 – 01/05/08	First half of January
02/01/08	01/06/08 – 01/19/08	Second half of January
02/15/08	01/20/08 – 02/02/08	First half of February
02/29/08	02/03/08 – 02/16/08	No Medical or Dental Deductions*
03/14/08	02/17/08 – 03/01/08	Second half of February
03/28/08	03/02/08 – 03/15/08	First half of March
04/11/08	03/16/08 – 03/29/08	Second half of March
04/25/08	03/30/08 – 04/12/08	First half of April
05/09/08	04/13/08 – 04/26/08	Second half of April
05/23/08	04/27/08 – 05/10/08	First half of May
06/06/08	05/11/08 – 05/24/08	Second half of May
06/20/08	05/25/08 – 06/07/08	First half of June
07/03/08	06/08/08 – 06/21/08	Second half of June
07/18/08	06/22/08 – 07/05/08	First half of July
08/01/08	07/06/08 – 07/19/08	Second half of July
08/15/08	07/20/08 – 08/02/08	First half of August
08/29/08	08/03/08 – 08/16/08	No Medical or Dental Deductions*
09/12/08	08/17/08 – 08/30/08	Second half of August
09/26/08	08/31/08 – 09/13/08	First half of September
10/10/08	09/14/08 – 09/27/08	Second half of September
10/24/08	09/28/08 – 10/11/08	First half of October
11/07/08	10/12/08 – 10/25/08	Second half of October
11/21/08	10/26/08 – 11/08/08	First half of November
12/05/08	11/09/08 – 11/22/08	Second half of November
12/19/08	11/23/08 – 12/06/08	First half of December

*Medical, Dental, Blood Bank, Pre-Tax Commuter, and local school benefit deductions will not be taken on these dates. Benefit Refunds and Adjustments will be processed on these dates.

*Flexible Spending Account (FSA), Minnesota Life, and Supplemental Benefit premiums will be deducted.

*Deferred Compensation (457(b)) and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

2009 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/02/09	12/07/08 – 12/20/08	Second half of December
01/16/09	12/21/08 – 01/03/09	First half of January
01/30/09	01/04/09 – 01/17/09	No Medical or Dental Deductions*
02/13/09	01/18/09 – 01/31/09	Second half of January
02/27/09	02/01/09 – 02/14/09	First half of February
03/13/09	02/15/09 – 02/28/09	Second half of February
03/27/09	03/01/09 – 03/14/09	First half of March
04/09/09	03/15/09 – 03/28/09	Second half of March
04/24/09	03/29/09 – 04/11/09	First half of April
05/08/09	04/12/09 – 04/25/09	Second half of April
05/22/09	04/26/09 – 05/09/09	First half of May
06/05/09	05/10/09 – 05/23/09	Second half of May
06/19/09	05/24/09 – 06/06/09	First half of June
07/02/09	06/07/09 – 06/20/09	Second half of June
07/17/09	06/21/09 – 07/04/09	First half of July
07/31/09	07/05/09 – 07/18/09	No Medical or Dental Deductions*
08/14/09	07/19/09 – 08/01/09	Second half of July
08/28/09	08/02/09 – 08/15/09	First half of August
09/11/09	08/16/09 – 08/29/09	Second half of August
09/25/09	08/30/09 – 09/12/09	First half of September
10/09/09	09/13/09 – 09/26/09	Second half of September
10/23/09	09/27/09 – 10/10/09	First half of October
11/06/09	10/11/09 – 10/24/09	Second half of October
11/20/09	10/25/09 – 11/07/09	First half of November
12/04/09	11/08/09 – 11/21/09	Second half of November
12/18/09	11/22/09 – 12/05/09	First half of December
12/31/09	12/06/09 – 12/19/09	No Medical or Dental Deductions**

*Third Pay of the Month - Medical, Dental, Blood Bank, Pre-Tax Commuter, and local school benefit deductions will not be taken on these dates. Benefit Refunds and Adjustments will be processed. Flexible Spending Account (FSA), Minnesota Life, and Supplemental Benefit premiums and Deferred Compensation (457(b)) and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

**27th Pay of Calendar Year 2009 - Medical, Dental, Blood Bank, Pre-Tax Commuter, Flexible Spending Account (FSA), Minnesota Life, Supplemental Benefit premiums and local school benefit deductions will not be taken on this date. Benefit Refunds and Adjustments will be processed on this date. Deferred Compensation (457(b)) and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

2010 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/15/10	12/20/09 - 01/02/10	Second half of December
01/29/10	01/03/10 - 01/16/10	First half of January
02/12/10	01/17/10 - 01/30/10	Second half of January
02/26/10	01/31/10 - 02/13/10	First half of February
03/12/10	02/14/10 - 02/27/10	Second half of February
03/26/10	02/28/10 - 03/13/10	First half of March
04/09/10	03/14/10 - 03/27/10	Second half of March
04/23/10	03/28/10 - 04/10/10	First half of April
05/07/10	04/11/10 - 04/24/10	Second half of April
05/21/10	04/25/10 - 05/08/10	First half of May
06/04/10	05/09/10 - 05/22/10	Second half of May
06/18/10	05/23/10 - 06/05/10	First half of June
07/02/10	06/06/10 - 06/19/10	Second half of June
07/16/10	06/20/10 - 07/03/10	First half of July
07/30/10	07/04/10 - 07/17/10	No Health or Dental Deductions*
08/13/10	07/18/10 - 07/31/10	Second half of July
08/27/10	08/01/10 - 08/14/10	First half of August
09/10/10	08/15/10 - 08/28/10	Second half of August
09/24/10	08/29/10 - 09/11/10	First half of September
10/08/10	09/12/10 - 09/25/10	Second half of September
10/22/10	09/26/10 - 10/09/10	First half of October
11/05/10	10/10/10 - 10/23/10	Second half of October
11/19/10	10/24/10 - 11/06/10	First half of November
12/03/10	11/07/10 - 11/20/10	Second half of November
12/17/10	11/21/10 - 12/04/10	First half of December
12/30/10	12/05/10 - 12/18/10	No Health or Dental Deductions*

*Third Pay of the Month - Medical, Dental, Blood Bank, Pre-Tax Commuter, and local school benefit deductions will not be taken on these dates. Benefit Refunds and Adjustments will be processed. Flexible Spending Account (FSA), Minnesota Life, and Supplemental Benefit premiums and Deferred Compensation (457(b)) and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

2011 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/14/11	12/19/10 – 01/01/11	Second half of December
01/28/11	01/02/11 - 01/15/11	First half of January
02/11/11	01/16/11 - 01/29/11	Second half of January
02/25/11	01/30/11 - 02/12/11	First half of February
03/11/11	02/13/11 - 02/26/11	Second half of February
03/25/11	02/27/11 - 03/12/11	First half of March
04/08/11	03/13/11 - 03/26/11	Second half of March
04/21/11	03/27/11 - 04/09/11	First half of April
05/06/11	04/10/11 - 04/23/11	Second half of April
05/20/11	04/24/11 - 05/07/11	First half of May
06/03/11	05/08/11 - 05/21/11	Second half of May
06/17/11	05/22/11 - 06/04/11	First half of June
07/01/11	06/05/11 - 06/18/11	Second half of June
07/15/11	06/19/11 - 07/02/11	First half of July
07/29/11	07/03/11 - 07/16/11	No Health or Dental Deductions*
08/12/11	07/17/11 - 07/30/11	Second half of July
08/26/11	07/31/11 - 08/13/11	First half of August
09/09/11	08/14/11 - 08/27/11	Second half of August
09/23/11	08/28/11 - 09/10/11	First half of September
10/07/11	09/11/11 - 09/24/11	Second half of September
10/21/11	09/25/11 - 10/08/11	First half of October
11/04/11	10/09/11 - 10/22/11	Second half of October
11/18/11	10/23/11 - 11/05/11	First half of November
12/02/11	11/06/11 - 11/19/11	Second half of November
12/16/11	11/20/11 - 12/03/11	First half of December
12/30/11	12/04/11 - 12/17/11	No Health or Dental Deductions*

*Third Pay of the Month - Medical, Dental, Blood Bank, Pre-Tax Commuter, and local school benefit deductions will not be taken on these dates. Benefit Refunds and Adjustments will be processed. Flexible Spending Account (FSA), Minnesota Life, Supplemental Benefit premiums, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

2012 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/13/12	12/18/11 – 12/31/11	Second half of December
01/27/12	01/01/12 – 01/14/12	First half of January
02/10/12	01/15/12 – 01/28/12	Second half of January
02/24/12	01/29/12 – 02/11/12	First half of February
03/09/12	02/12/12 – 02/25/12	Second half of February
03/23/12	02/26/12 – 03/10/12	First half of March
04/05/12	03/11/12 – 03/24/12	Second half of March
04/20/12	03/25/12 – 04/07/12	First half of April
05/04/12	04/08/12 – 04/21/12	Second half of April
05/18/12	04/22/12 – 05/05/12	First half of May
06/01/12	05/06/12 – 05/19/12	Second half of May
06/15/12	05/20/12 – 06/02/12	First half of June
06/29/12	06/03/12 – 06/16/12	No Health or Commuter Deductions*
07/13/12	06/17/12 – 06/30/12	Second half of June
07/27/12	07/01/12 – 07/14/12	First half of July
08/10/12	07/15/12 – 07/28/12	Second half of July
08/24/12	07/29/12 – 08/11/12	First half of August
09/07/12	08/12/12 – 08/25/12	Second half of August
09/21/12	08/26/12 – 09/08/12	First half of September
10/05/12	09/09/12 – 09/22/12	Second half of September
10/19/12	09/23/12 – 10/06/12	First half of October
11/02/12	10/07/12 – 10/20/12	Second half of October
11/16/12	10/21/12 – 11/03/12	First half of November
11/30/12	11/04/12 – 11/17/12	No Health or Commuter Deductions*
12/14/12	11/18/12 – 12/01/12	Second half of November
12/28/12	12/02/12 – 12/15/12	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Blood Bank, Pre-Tax Commuter, and local school benefit deductions will not be taken on these dates. Benefit Refunds and Adjustments will be processed. Flexible Spending Account (FSA), Minnesota Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

Revised 11/7/2011

Attachment to PHRST Alert #36-11 – 2012 Schedule of Benefit Deductions by Pay Period

2013 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/11/13	12/16/12 – 12/29/12	Second half of December
01/25/13	12/30/12 – 01/12/13	First half of January
02/08/13	01/13/13 – 01/26/13	Second half of January
02/22/13	01/27/13 – 02/09/13	First half of February
03/08/13	02/10/13 – 02/23/13	Second half of February
03/22/13	02/24/13 – 03/09/13	First half of March
04/05/13	03/10/13 – 03/23/13	Second half of March
04/19/13	03/24/13 – 04/06/13	First half of April
05/03/13	04/07/13 – 04/20/13	Second half of April
05/17/13	04/21/13 – 05/04/13	First half of May
05/31/13	05/05/13 – 05/18/13	No Health or Commuter Deductions*
06/14/13	05/19/13 – 06/01/13	Second half of May
06/28/13	06/02/13 – 06/15/13	First half of June
07/12/13	06/16/13 – 06/29/13	Second half of June
07/26/13	06/30/13 – 07/13/13	First half of July
08/09/13	07/14/13 – 07/27/13	Second half of July
08/23/13	07/28/13 – 08/10/13	First half of August
09/06/13	08/11/13 – 08/24/13	Second half of August
09/20/13	08/25/13 – 09/07/13	First half of September
10/04/13	09/08/13 – 09/21/13	Second half of September
10/18/13	09/22/13 – 10/05/13	First half of October
11/01/13	10/06/13 – 10/19/13	Second half of October
11/15/13	10/20/13 – 11/02/13	First half of November
11/27/13	11/03/13 – 11/16/13	No Health or Commuter Deductions*
12/13/13	11/17/13 – 11/30/13	Second half of November
12/27/13	12/01/13 – 12/14/13	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Blood Bank, Pre-Tax Commuter, and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), Minnesota Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

Created 12/4/2012

Attachment to PHRST Alert #49-12 – 2013 Schedule of Benefit Deductions by Pay Period

2014 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/10/14	12/15/13 – 12/28/13	Second half of December
01/24/14	12/29/13 – 01/11/14	First half of January
02/07/14	01/12/14 – 01/25/14	Second half of January
02/21/14	01/26/14 – 02/08/14	First half of February
03/07/14	02/09/14 – 02/22/14	Second half of February
03/21/14	02/23/14 – 03/08/14	First half of March
04/04/14	03/09/14 – 03/22/14	Second half of March
04/17/14	03/23/14 – 04/05/14	First half of April
05/02/14	04/06/14 – 04/19/14	Second half of April
05/16/14	04/20/14 – 05/03/14	First half of May
05/30/14	05/04/14 – 05/17/14	No Health or Commuter Deductions*
06/13/14	05/18/14 – 05/31/14	Second half of May
06/27/14	06/01/14 – 06/14/14	First half of June
07/11/14	06/15/14 – 06/28/14	Second half of June
07/25/14	06/29/14 – 07/12/14	First half of July
08/08/14	07/13/14 – 07/26/14	Second half of July
08/22/14	07/27/14 – 08/09/14	First half of August
09/05/14	08/10/14 – 08/23/14	Second half of August
09/19/14	08/24/14 – 09/06/14	First half of September
10/03/14	09/07/14 – 09/20/14	Second half of September
10/17/14	09/21/14 – 10/04/14	First half of October
10/31/14	10/05/14 – 10/18/14	No Health or Commuter Deductions*
11/14/14	10/19/14 – 11/01/14	Second half of October
11/26/14	11/02/14 – 11/15/14	First half of November
12/12/14	11/16/14 – 11/29/14	Second half of November
12/26/14	11/30/14 – 12/13/14	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), Minnesota Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

Created 11/15/13

Attachment to PHRST Alert # 46-13 – 2014 Schedule of Benefit Deductions by Pay Period

2015 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/09/15	12/14/14 – 12/27/14	Second half of December
01/23/15	12/28/14 – 01/10/15	First half of January
02/06/15	01/11/15 – 01/24/15	Second half of January
02/20/15	01/25/15 – 02/07/15	First half of February
03/06/15	02/08/15 – 02/21/15	Second half of February
03/20/15	02/22/15 – 03/07/15	First half of March
04/02/15	03/08/15 – 03/21/15	Second half of March
04/17/15	03/22/15 – 04/04/15	First half of April
05/01/15	04/05/15 – 04/18/15	Second half of April
05/15/15	04/19/15 – 05/02/15	First half of May
05/29/15	05/03/15 – 05/16/15	No Health or Commuter Deductions*
06/12/15	05/17/15 – 05/30/15	Second half of May
06/26/15	05/31/15 – 06/13/15	First half of June
07/10/15	06/14/15 – 06/27/15	Second half of June
07/24/15	06/28/15 – 07/11/15	First half of July
08/07/15	07/12/15 – 07/25/15	Second half of July
08/21/15	07/26/15 – 08/08/15	First half of August
09/04/15	08/09/15 – 08/22/15	Second half of August
09/18/15	08/23/15 – 09/05/15	First half of September
10/02/15	09/06/15 – 09/19/15	Second half of September
10/16/15	09/20/15 – 10/03/15	First half of October
10/30/15	10/04/15 – 10/17/15	No Health or Commuter Deductions*
11/13/15	10/18/15 – 10/31/15	Second half of October
11/25/15	11/01/15 – 11/14/15	First half of November
12/11/15	11/15/15 – 11/28/15	Second half of November
12/24/15	11/29/15 – 12/12/15	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), Minnesota Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

Created 08/22/2014

2016 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/08/2016	12/13/15 – 12/26/15	Second half of December
01/22/2016	12/27/15 – 01/09/16	First half of January
02/05/2016	01/10/16 – 01/23/16	Second half of January
02/19/2016	01/24/16 – 02/06/16	First half of February
03/04/2016	02/07/16 – 02/20/16	Second half of February
03/18/2016	02/21/16 – 03/05/16	First half of March
04/01/2016	03/06/16 – 03/19/16	Second half of March
04/15/2016	03/20/16 – 04/02/16	First half of April
04/29/2016	04/03/16 – 04/16/16	No Health or Commuter Deductions*
05/13/2016	04/17/16 – 04/30/16	Second half of April
05/27/2016	05/01/16 – 05/14/16	First half of May
06/10/2016	05/15/16 – 05/28/16	Second half of May
06/24/2016	05/29/16 – 06/11/16	First half of June
07/08/2016	06/12/16 – 06/25/16	Second half of June
07/22/2016	06/26/16 – 07/09/16	First half of July
08/05/2016	07/10/16 – 07/23/16	Second half of July
08/19/2016	07/24/16 – 08/06/16	First half of August
09/02/2016	08/07/16 – 08/20/16	Second half of August
09/16/2016	08/21/16 – 09/03/16	First half of September
09/30/2016	09/04/16 – 09/17/16	No Health or Commuter Deductions*
10/14/2016	09/18/16 – 10/01/16	Second half of September
10/28/2016	10/02/16 – 10/15/16	First half of October
11/10/2016	10/16/16 – 10/29/16	Second half of October
11/23/2016	10/30/16 – 11/12/16	First half of November
12/09/2016	11/13/16 – 11/26/16	Second half of November
12/23/2016	11/27/16 – 12/10/16	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, and local school benefit deductions will not be taken on these dates. Benefit Refunds and Adjustments will be processed. Flexible Spending Account (FSA), Minnesota Life, Supplemental benefits (Aflac), Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

2017 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/06/2017	12/11/16 – 12/24/16	Second half of December
01/20/2017	12/25/16 – 01/07/17	First half of January
02/03/2017	01/08/17 – 01/21/17	Second half of January
02/17/2017	01/22/17 – 02/04/17	First half of February
03/03/2017	02/05/17 – 02/18/17	Second half of February
03/17/2017	02/19/17 – 03/04/17	First half of March
03/31/2017	03/05/17 – 03/18/17	No Health or Commuter Deductions*
04/13/2017	03/19/17 – 04/01/17	Second half of March
04/28/2017	04/02/17 – 04/15/17	First half of April
05/12/2017	04/16/17 – 04/29/17	Second half of April
05/26/2017	04/30/17 – 05/13/17	First half of May
06/09/2017	05/14/17 – 05/27/17	Second half of May
06/23/2017	05/28/17 – 06/10/17	First half of June
07/07/2017	06/11/17 – 06/24/17	Second half of June
07/21/2017	06/25/17 – 07/08/17	First half of July
08/04/2017	07/09/17 – 07/22/17	Second half of July
08/18/2017	07/23/17 – 08/05/17	First half of August
09/01/2017	08/06/17 – 08/19/17	Second half of August
09/15/2017	08/20/17 – 09/02/17	First half of September
09/29/2017	09/03/17 – 09/16/17	No Health or Commuter Deductions*
10/13/2017	09/17/17 – 09/30/17	Second half of September
10/27/2017	10/01/17 – 10/14/17	First half of October
11/09/2017	10/15/17 – 10/28/17	Second half of October
11/22/2017	10/29/17 – 11/11/17	First half of November
12/08/2017	11/12/17 – 11/25/17	Second half of November
12/22/2017	11/26/17 – 12/09/17	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, Supplemental benefits(Aflac), and local school benefit deductions will not be taken on these dates. Benefit Refunds and Adjustments will be processed. Flexible Spending Account (FSA), State Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions will be deducted.

Revised 08/26/2016

Attachment to PHRST Alert #42-16 – 2017 Schedule of Benefit Deductions by Pay Period

2018 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/05/2018	12/10/17 – 12/23/17	Second half of December
01/19/2018	12/24/17 – 01/06/18	First half of January
02/02/2018	01/07/18 – 01/20/18	Second half of January
02/16/2018	01/21/18 – 02/03/18	First half of February
03/02/2018	02/04/18 – 02/17/18	Second half of February
03/16/2018	02/18/18 – 03/03/18	First half of March
03/29/2018	03/04/18 – 03/17/18	No Health or Commuter Deductions*
04/13/2018	03/18/18 – 03/31/18	Second half of March
04/27/2018	04/01/18 – 04/14/18	First half of April
05/11/2018	04/15/18 – 04/28/18	Second half of April
05/25/2018	04/29/18 – 05/12/18	First half of May
06/08/2018	05/13/18 – 05/26/18	Second half of May
06/22/2018	05/27/18 – 06/09/18	First half of June
07/06/2018	06/10/18 – 06/23/18	Second half of June
07/20/2018	06/24/18 – 07/07/18	First half of July
08/03/2018	07/08/18 – 07/21/18	Second half of July
08/17/2018	07/22/18 – 08/04/18	First half of August
08/31/2018	08/05/18 – 08/18/18	No Health or Commuter Deductions*
09/14/2018	08/19/18 – 09/01/18	Second half of August
09/28/2018	09/02/18 – 09/15/18	First half of September
10/12/2018	09/16/18 – 09/29/18	Second half of September
10/26/2018	09/30/18 – 10/13/18	First half of October
11/09/2018	10/14/18 – 10/27/18	Second half of October
11/21/2018	10/28/18 – 11/10/18	First half of November
12/07/2018	11/11/18 – 11/24/18	Second half of November
12/21/2018	11/25/18 – 12/08/18	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, Supplemental benefits(Aflac), and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), State Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

Revised 09/19/2017

2019 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/04/2019	12/09/18 – 12/22/18	Second half of December
01/18/2019	12/23/18 – 01/05/19	First half of January
02/01/2019	01/06/19 – 01/19/19	Second half of January
02/15/2019	01/20/19 – 02/02/19	First half of February
03/01/2019	02/03/19 – 02/16/19	Second half of February
03/15/2019	02/17/19 – 03/02/19	First half of March
03/29/2019	03/03/19 – 03/16/19	No Health or Commuter Deductions*
04/12/2019	03/17/19 – 03/30/19	Second half of March
04/26/2019	03/31/19 – 04/13/19	First half of April
05/10/2019	04/14/19 – 04/27/19	Second half of April
05/24/2019	04/28/19 – 05/11/19	First half of May
06/07/2019	05/12/19 – 05/25/19	Second half of May
06/21/2019	05/26/19 – 06/08/19	First half of June
07/05/2019	06/09/19 – 06/22/19	Second half of June
07/19/2019	06/23/19 – 07/06/19	First half of July
08/02/2019	07/07/19 – 07/20/19	Second half of July
08/16/2019	07/21/19 – 08/03/19	First half of August
08/30/2019	08/04/19 – 08/17/19	No Health or Commuter Deductions*
09/13/2019	08/18/19 – 08/31/19	Second half of August
09/27/2019	09/01/19 – 09/14/19	First half of September
10/11/2019	09/15/19 – 09/28/19	Second half of September
10/25/2019	09/29/19 – 10/12/19	First half of October
11/08/2019	10/13/19 – 10/26/19	Second half of October
11/22/2019	10/27/19 – 11/09/19	First half of November
12/06/2019	11/10/19 – 11/23/19	Second half of November
12/20/2019	11/24/19 – 12/07/19	First half of December

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, Supplemental benefits (Aflac), and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), State Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

Revised 10/24/2018

Attachment to PHRST Alert #XX-19 – 2019 Schedule of Benefit Deductions by Pay Period

2020 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
01/03/2020	12/08/19 – 12/21/19	Second half of December
01/17/2020	12/22/19 – 01/04/20	First half of January
01/31/2020	01/05/20 – 01/18/20	No Health or Commuter Deductions*
02/14/2020	01/19/20 – 02/01/20	Second half of January
02/28/2020	02/02/20 – 02/15/20	First half of February
03/13/2020	02/16/20 – 02/29/20	Second half of February
03/27/2020	03/01/20 – 03/14/20	First half of March
04/09/2020	03/15/20 – 03/28/20	Second half of March
04/24/2020	03/29/20 – 04/11/20	First half of April
05/08/2020	04/12/20 – 04/25/20	Second half of April
05/22/2020	04/26/20 – 05/09/20	First half of May
06/05/2020	05/10/20 – 05/23/20	Second half of May
06/19/2020	05/24/20 – 06/06/20	First half of June
07/02/2020	06/07/20 – 06/20/20	Second half of June
07/17/2020	06/21/20 – 07/04/20	First half of July
07/31/2020	07/05/20 – 07/18/20	No Health or Commuter Deductions*
08/14/2020	07/19/20 – 08/01/20	Second half of July
08/28/2020	08/02/20 – 08/15/20	First half of August
09/11/2020	08/16/20 – 08/29/20	Second half of August
09/25/2020	08/30/20 – 09/12/20	First half of September
10/09/2020	09/13/20 – 09/26/20	Second half of September
10/23/2020	09/27/20 – 10/10/20	First half of October
11/06/2020	10/11/20 – 10/24/20	Second half of October
11/20/2020	10/25/20 – 11/07/20	First half of November
12/04/2020	11/08/20 – 11/21/20	Second half of November
12/18/2020	11/22/20 – 12/05/20	First half of December
12/31/2020	12/06/20 – 12/19/20	No Health or Commuter Deductions*

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, Supplemental benefits (Aflac), and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), State Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

Revised 10/16/2019

Attachment to PHRST Alert #XX-20 – 2020 Schedule of Benefit Deductions by Pay Period

2021 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
12/31/2020	12/06/20 – 12/19/20	No Health or Commuter Deductions*
01/15/2021	12/20/20 – 01/02/21	Second Half of December
01/29/2021	01/03/21 – 01/16/21	First half of January
02/12/2021	01/17/21 – 01/30/21	Second half of January
02/26/2021	01/31/21 – 02/13/21	First half of February
03/12/2021	02/14/21 – 02/27/21	Second half of February
03/26/2021	02/28/21 – 03/13/21	First half of March
04/09/2021	03/14/21 – 03/27/21	Second half of March
04/23/2021	03/28/21 – 04/10/21	First half of April
05/07/2021	04/11/21 – 04/24/21	Second half of April
05/21/2021	04/25/21 – 05/08/21	First half of May
06/04/2021	05/09/21 – 05/22/21	Second half of May
06/18/2021	05/23/21 – 06/05/21	First half of June
07/02/2021	06/06/21 – 06/19/21	Second half of June
07/16/2021	06/20/21 – 07/03/21	First half of July
07/30/2021	07/04/21 – 07/17/21	No Health or Commuter Deductions*
08/13/2021	07/18/21 – 07/31/21	Second half of July
08/27/2021	08/01/21 – 08/14/21	First half of August
09/10/2021	08/15/21 – 08/28/21	Second half of August
09/24/2021	08/29/21 – 09/11/21	First half of September
10/08/2021	09/12/21 – 09/25/21	Second half of September
10/22/2021	09/26/21 – 10/09/21	First half of October
11/05/2021	10/10/21 – 10/23/21	Second half of October
11/19/2021	10/24/21 – 11/06/21	First half of November
12/03/2021	11/07/21 – 11/20/21	Second half of November
12/17/2021	11/21/21 – 12/04/21	First half of December
12/30/2021	12/05/21 – 12/18/21	No Health or Commuter Deductions*

*Third Pay of the Month - Medical, Dental, Vision, Pre-Tax Commuter, Supplemental benefits (Securian), and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), State Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

2022 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
12/30/2021	12/05/21 – 12/18/21	No Health or Commuter Deductions*
01/14/2022	12/19/21 – 01/01/22	Second half of December
01/28/2022	01/02/22 – 01/15/22	First half of January
02/11/2022	01/16/22 – 01/29/22	Second half of January
02/25/2022	01/30/22 – 02/12/22	First half of February
03/11/2022	02/13/22 – 02/26/22	Second half of February
03/25/2022	02/27/22 – 03/12/22	First half of March
04/08/2022	03/13/22 – 03/26/22	Second half of March
04/22/2022	03/27/22 – 04/09/22	First half of April
05/06/2022	04/10/22 – 04/23/22	Second half of April
05/20/2022	04/24/22 – 05/07/22	First half of May
06/03/2022	05/08/22 – 05/21/22	Second half of May
06/17/2022	05/22/22 – 06/04/22	First half of June
07/01/2022	06/05/22 – 06/18/22	Second half of June
07/15/2022	06/19/22 – 07/02/22	First half of July
07/29/2022	07/03/22 – 07/16/22	No Health or Commuter Deductions*
08/12/2022	07/17/22 – 07/30/22	Second half of July
08/26/2022	07/31/22 – 08/13/22	First half of August
09/09/2022	08/14/22 – 08/27/22	Second half of August
09/23/2022	08/28/22 – 09/10/22	First half of September
10/07/2022	09/11/22 – 09/24/22	Second half of September
10/21/2022	09/25/22 – 10/08/22	First half of October
11/04/2022	10/09/22 – 10/22/22	Second half of October
11/18/2022	10/23/22 – 11/05/22	First half of November
12/02/2022	11/06/22 – 11/19/22	Second half of November
12/16/2022	11/20/22 – 12/03/22	First half of December
12/29/2022	12/04/22 – 12/17/22	No Health or Commuter Deductions*

***Third Pay of the Month** - Medical, Dental, Vision, Pre-Tax Commuter, Supplemental benefits, and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), State Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA – 403(b)) contributions **will** be deducted.

2023 Schedule of Benefit Deductions by Pay Period

Paycheck Date	Pay Period Dates	Benefit Deduction For...
12/30/2022	12/04/22 – 12/17/22	No Health or Commuter Deductions*
01/13/2023	12/18/22 – 12/31/22	Second half of December
01/27/2023	01/01/23 – 01/14/23	First half of January
02/10/2023	01/15/23 – 01/28/23	Second half of January
02/24/2023	01/29/23 – 02/11/23	First half of February
03/10/2023	02/12/23 – 02/25/23	Second half of February
03/24/2023	02/26/23 – 03/11/23	First half of March
04/06/2023	03/12/23 – 03/25/23	Second half of March
04/21/2023	03/26/23 – 04/08/23	First half of April
05/05/2023	04/09/23 – 04/22/23	Second half of April
05/19/2023	04/23/23 – 05/06/23	First half of May
06/02/2023	05/07/23 – 05/20/23	Second half of May
06/16/2023	05/21/23 – 06/03/23	First half of June
06/30/2023	06/04/23 – 06/17/23	No Health or Commuter Deductions*
07/14/2023	06/18/23 – 07/01/23	Second half of June
07/28/2023	07/02/23 – 07/15/23	First half of July
08/11/2023	07/16/23 – 07/29/23	Second half of July
08/25/2023	07/30/23 – 08/12/23	First half of August
09/08/2023	08/13/23 – 08/26/23	Second half of August
09/22/2023	08/27/23 – 09/09/23	First half of September
10/06/2023	09/10/23 – 09/23/23	Second half of September
10/20/2023	09/24/23 – 10/07/23	First half of October
11/03/2023	10/08/23 – 10/21/23	Second half of October
11/17/2023	10/22/23 – 11/04/23	First half of November
12/01/2023	11/05/23 – 11/18/23	Second half of November
12/15/2023	11/19/23 – 12/02/23	First half of December
12/29/2023	12/03/23 – 12/16/23	No Health or Commuter Deductions*

***Third Pay of the Month** - Medical, Dental, Vision, Pre-Tax Commuter, Supplemental benefits (Aflac), and local school benefit deductions **will not** be taken on these dates. Benefit Refunds and Adjustments **will** be processed. Flexible Spending Account (FSA), State Life, Deferred Compensation (457(b)), and Tax-Sheltered Annuity (TSA - 403(b)) contributions **will** be deducted.

Revised 10/27/2022

Attachment to PHRST Alert #57-22 – 2023 Schedule of Benefit Deductions by Pay Period

REFERENCE MATERIAL

BENEFIT PLAN WITH EMPL RECORD #

<u>Benefit Plan</u>	<u>Empl Record #</u>	<u>Description</u>
No Pension Plan	99	Original Hire Record
A001	100	State Employees' Pension Plan (SEPP)
A002	100	State Employees' Pension Plan – Post 2011
J001	101	Del. State Police New Pension Plan
C001	102	Del. State Police Old Pension Plan
CM01	103	County/Municipal General Pension Plan
CM02	104	County/Municipal Police Pension Plan
PORT#1	105	Diamond Port #1 Pension Plan
PORT#2	106	Diamond Port #2 Pension Plan
PORT#3	107	Diamond Port #3 Pension Plan
PORT-B	108	Diamond Port - Chapter B Pension Plan
FIRE	109	Firemen's Length of Service Award Plan
G001	110	Legislator's Pension Plan
G002	110	Legislator's Pension Plan – Post 2011
E001	111	Judge's Pension Plan
D001	112	Judicial Flat Rate Pension Plan
M001	113	New Castle Prothro 5% Pension Plan
N001	114	New Castle Prothro 3% Pension Plan

ACTION	REASON CODE
Data Change (DTA) – To be used for any change or correction to information in Job Data which is not specifically covered by any other Action and which should not change HR and Payroll Status or compensation related information.	
Data Change	25 Year Job Code Change
Data Change	Age 60 Change to Exclusion Amt
Data Change	Correction / Transfer w/I Plan
Data Change	Extension of Service Time
Data Change	Job Code Change
Data Change	Months Worked Change
Data Change	Pay Rate Change
Data Change	Post 98
Hire (HIR)	
Hire	Anticipated Retirement Date
Hire	Concurrent Job
Hire	New Hire
Hire	QDRO Deferred Benefit
Hire	QDRO Payee
Hire	Retired
Hire	Survivor
Leave of Absence(LOA) – Temporary unpaid absence from work	
Leave of Absence	Disability Pension Pending
Leave of Absence	Family and Medical Leave Act
Leave of Absence	Maternity/Paternity
Leave of Absence	Medical Reasons
Leave of Absence	Military Service
Leave of Absence	Other
Leave of Absence	Personal Reasons
Leave of Absence	Sabbatical Leave
Leave of Absence	Short Term Disability Pending
Leave of Absence	Unauthorized Leave
Leave of Absence	Union/Employee Organizations
Leave of Absence	Worker's Compensation
Layoff (LOF) – Layoff means the involuntary separation of an employee for reasons of lack of work or funds, abolition of the position or other related reasons which are outside the employee's control and which do not reflect discredit upon the performance of the employee. To be used when there is likelihood that the employee will be reinstated.	
Layoff	Layoff
Layoff	Reduction in Force
Layoff	Strike/Lock-out
Paid Leave of Absence(PLA) – Temporary paid absence from work	
Paid Leave of Absence	Disability Pension Pending
Paid Leave of Absence	Family Medical Leave Act
Paid Leave of Absence	Long Term Disability
Paid Leave of Absence	Military Service
Paid Leave of Absence	Other
Paid Leave of Absence	Sabbatical Leave
Paid Leave of Absence	Short Term Disability Pending

ACTION	REASON CODE
Paid Leave of Absence	Short Term Disability
Paid Leave of Absence	Suspension with Pay
Paid Leave of Absence	Worker's Compensation
Recall from Suspension/Layoff(REC) – Reinstatement of an employee after a layoff or an unpaid suspension	
Recall from Suspension/Layoff	Recall from Layoff < 2 Years
Recall from Suspension/Layoff	Recall from Layoff > 2 Years
Recall from Suspension/Layoff	Recall from Strike/Lock-out
Recall from Suspension/Layoff	Recall from Suspension/Layoff
Rehire (REH)	
Rehire	Anticipated Retirement Date
Rehire	Rehire
Rehire	Reinstatement
Rehire	Benefits Begin 1 st of the next month
Rehire	Benefits Begin on Event Date
Rehire	Benefits Waiting Period
Retirement (RET) – Employee separation from State service due to an employee's retirement, which results in termination of benefits and pay in PHRST.	
Retirement	Conversion
Retirement	Disability Retirement
Retirement	Early Ret. – Age
Retirement	Early Retirement
Retirement	Mandatory Retirement
Retirement	Regular Service Retirement
Retirement	Retire
Retirement	Vested – Anticipated Ret. Date
Return From Leave (RFL) – Employee returns to work after either a paid or unpaid leave of absence.	
Return From Leave	Return From Leave
Status Change	
Suspension (SUS) – Suspension means an enforced leave of absence without pay for disciplinary purposes or pending investigation of charges made against an employee.	
Suspension	Suspension Without Pay
Temporary ERE	
Terminated With Pay (TWP) – Used only for 26 pay 10-month contract employees who terminate employment or retire at the end of a contract period. This will keep pay and benefits active until an HR transaction is process to terminate or retire the employee's service after the final 26 th pay period is completed. An enrollment form will be produced so that the employee can waive all plans for which they are no longer eligible and/or waive plans to be managed by the Office of Pensions (Retirement.)	
Terminated with Pay	Termination With Pay
Termination (TER) - Employee separation from State service which results in the termination of benefits and pay.	
Termination	Cancel Appointment
Termination	Conversion
Termination	Death
Termination	Dismissed (General)
Termination	End of Temporary Employment
Termination	Job Abandonment
Termination	Lacks Job Req'd Lic./Cert.
Termination	No Longer Eligible for Benefit
Termination	Other

ACTION	REASON CODE
Termination	Permanent Layoff
Termination	Resignation
Termination	Retirement – Following Term w/ Pay (TWP)
Termination	Return to Work
Termination	(July)
Termination	(June)
Termination	Term of Contract/Assign Exp'd
Termination	Terminated as of IMS Conv. Dt
Termination	Unsat Svc Rec/Abuse Registry
Termination	Unsatisfactory Backgrnd Check

Buy-Ins Tab

This tab must be completed in order to get the buy-ins to show on the bottom of the pension application.

** Good resource for information is the Member Actuarial Information (P-1 Form)
First thing to do is click the Load Data button. If there is any other Buy-ins to add, then proceed.

Buy-In Option
ACTUARY
MEDLOA
MEDLOA5
OPEE5
OPTEXTEND
PERLOA
REPAYMENT
SABBATICAL
SICK

Actuary –

- Military service that is not eligible for free service
- Other Professional Educational Employment when date of hire is on or after 7/1/1976
- Comprehensive Employment & Training Act (CETA)
- Other Governmental service

MedLOA

- This information is pulled from Job Data
 - Medical leave of absence but hired on or after 7/1/1976
 - Buy-in will be calculated at the Personal buy-in rate

MedLOA5

- This information is pulled from Job Data
 - Medical leave of absence but hired prior to 7/1/1976
 - Buy-in will be calculated at the Medical buy-in rate

OPEE

- Other Professional Educational Employment when date of hire is prior 7/1/1976

Optextend

- Office of Pensions use only

PerLOA

- This information is pulled from Job Data
 - Personal leave of absence

Repayment

- Office of Pensions use only

Sabbatical

- Educational leave when pension credit is not given, this type will mostly be used by Higher Education

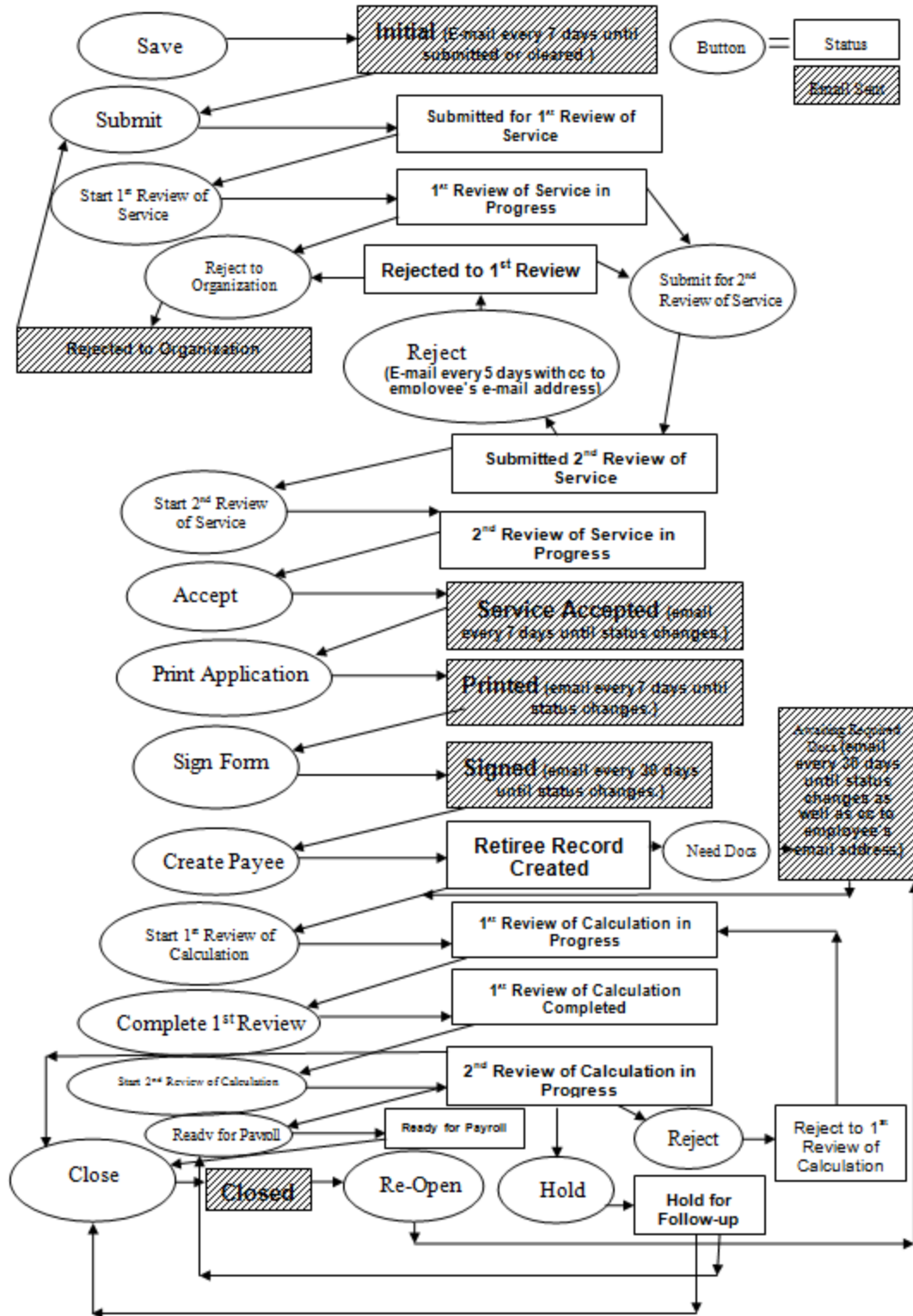
Sick

- Office of Pensions use only

Payment for Buy- In Options

- Payment for the purchase of a buy- in is calculated at the time of the employee's retirement
- Written notification will be mailed directly to the home address the month the retiree will receive their first pension benefit
 - Must be paid prior to issuance of first benefit
- Can be purchased one of three ways:
 - Deducted from first monthly pension, if sufficient to cover the entire cost
 - Personal check
 - Rollover from a qualified tax sheltered account
 - 401 (A), 457 (B)(under certain circumstances), or an IRA

Pen Apps Work Flow



PENSION APPLICATION REMINDERS

- The Pension Office Extranet provides updates information for End Users. Please visit at <http://extranet.pensions.state.de.us/>
- If you are leaving your agency, make sure your Pen Apps are reassigned to someone in your agency
- If Payee Type is Retiree, double check member's age and years of service to validate whether Service Type should be Service, Reduced Age or Reduced Service.
- Leave(s) of Absence are determined on a pay cycle basis.
- Use exact Hire and Termination dates.
- Retirement Effective Date is the 1st of the month following the date of termination (except for State Police, Judges, and County/Municipality Police, whose effective date is the day following the date of termination).
- Provide supporting documentation for any beginning and ending dates of service listed on the Pension Application including Leave(s) of Absence.
- Term Effective Date is the day following the last day paid.
- Click the Submit button once the initial Personal and Job data has been verified and/or corrected to send to the Office of Pensions for Acceptance. Be sure to verify service BEFORE clicking Submit.
- Click the Sign Form button after the retiree has signed the Pension Application and packet is being sent to the Office of Pensions.
- Questions regarding a specific file should be directed to the First or Second Reviewer assigned on the Application Checklist tab in Pen-Apps.
- Ensure the employee's *personal* email address is entered in Pen-Apps on the Employee Details tab, instead of their current work email address.
- The "Get Service Data" button on the Service Details page of the application **must** be clicked and service must be reviewed. Documentation must be forwarded in order to verify the employee's service (PARS, contracts, DOH, LOA's, STD, EOB, Retro's, etc.).
- If you receive a "Rejected" file in Pen-Apps, correct the file and make sure you resubmit by clicking "Submit" so we can continue to process.
- It is very important to submit a fully completed Pension Creditable Compensation (PCC-1) form **whenever** an employee terminates their

employment, even if that termination does not result in a retirement. Total sick leave and annual leave balances must be entered on the form.

- If an employee received retroactive pay in their paycheck we will need to know, what the pay is for and where it should be applied. This information is needed in order to place the retroactive pay where it should have been placed originally, so the employee's creditable compensation is accurate.
- The Comments tab in Pen-Apps should be used to explain anything about the employee's service that cannot be explained by looking at the Service Details tab.
- Buy-ins for Comprehensive Employment and Training Act (CETA) Program time are rarely applicable as a buy-in option for employees who only participated in the program. Employment in an **administrative capacity (Director/Management level)** of the program may possibly be purchased at the time of retirement at an actuarial rate. If you are unsure about the employee's former status in the CETA program, documentation should be submitted to the Office of Pensions for review prior to retirement.
- Unpaid leaves of absences should **not** be included in the service calculation on Form CSE-1 (Creditable Service of Employee).
- Pension Applications (to include pension packet documents) and service documents are only accepted through secured email to pensionoffice@delaware.gov, state mail, USPS mail, or hand delivered.



NEED HELP?

Who do I contact with Pension Application (Pen-App) related questions?

Pension Administration Office Staff:

Name of First or Second Reviewer listed on Application Checklist Tab in Pen-Apps
(302) 739-4208

Who do I contact with Security Access issues?

ERP Functional Team

Please include your PeopleSoft UserID with all security issues.

Open_ERP@delaware.gov

(302) 739-4208

Office of Pensions website address: www.delawarepensions.com

State of Delaware Remote Access (SSO):

<https://open.omb.delaware.gov/OrganizationAccess.shtml>

Pen-App internet address: <https://penprd.erp.state.de.us/psp/pa92pd/?cmd=login&languageCd=ENG&>

Extranet address: <http://extranet.pensions.state.de.us>