## NIM!

## **NMI SETTLEMENT FUND**

POST OFFICE BOX 501247, SAIPAN, MP 96950

## DISCLOSURE OF REEMPLOYMENT AND ELECTION TO RECEIVE OR WAIVE RETIREMENT BENEFITS

I HEREBY MAKE THIS DISCLOSURE OF REEMPLOYMENT WITH THE NMI GOVERNMENT/AUTONOMOUS AGENCY PURSUANT TO NMIAC § 110-10-140(b), AND SUBMIT THIS ELECTION PURSUANT TO 1 CMC § 8441.				
1. NAME OF RETIREE (Last Name, First Name, Middle Initial)	2. U.S. SOCIAL SECURITY NUMBER			
3. CURRENT MAILING ADDRESS	4. E-MAIL ADDRESS			
5. EMPLOYER (DEPARTMENT/AGENCY)	6. RE-EMPLOYMENT START DATE			
7. APPLICABLE EXEMPTION UNDER 1 CMC § 8392				
□ I am a retiree returning to government service as provided under 1 CMC § 8392(a)(1)-(4), which authorizes reemployment of a retiree in the following position: (1) a position requiring the advice and consent of the Senate or House of Representatives or both; (2) a position for which professionals are not readily available in the local labor market; (3) elected public official; and (4) a Title V employee under the federal Older Americans Act.				
☐ I am a retiree returning to government service as provided under 1 CMC § 8392(a)(5), which requires an exemption by the Governor, with the concurrence of the Settlement Fund Trustee.				
8. ELECTION TO RECEIVE OR WAIVE RETIREMENT BENEFITS				
☐ I hereby elect to continue receiving my retirement benefits instead of my salary as provided under 1 CMC § 8441.				
□ I am a retiree permissibly returning to government service as provided under 1 CMC § 8392. I hereby elect to receive my salary and request that my benefit payments be ceased on the effective date of my reemployment. I understand that employee contributions during the re-employment term must be remitted to the Settlement Fund based on the applicable rate pursuant to the Settlement Agreement entered in <i>Johnson v. Inos</i> , Civil Action No. 09-00023, in the NMI District Court.				

Page 1 of 2 SF-2G (6/2023)

9a. CONTRIBUTION RATE (FC	R SETTLEMENT FUND L	JSE ONLY)		
		Employee	Employer	
		Contribution Rate	Contribution Rate	
Class Membership:	☐ Class I	10.5%	%	
	☐ Class II	11%	%	
	□ Clu35 II	11/0		
_	tlement Fund Com <sub>l</sub>	otroller	Date	
0	r Designee			
9b. ACKNOWLEDGMENT OF	CONTRIBUTIONS REQU	IRED (FOR EMPLOYER'S PAYI	ROLL DIVISION)	
			ment executed in <i>Johnson v. Inos</i> , Civil	
			e NMI Government and Autonomous Ag	
			the Government and Autonomous Agenci	
			oyer and employee contributions must be ed in Section 9a of this Form.	remitted
to the settlement rund	pursuant to the ap	phicable rate as indicat	ed in Section 3a of this Form.	
Name & Signat	ure of Payroll Supe	rvisor	Date	
0	r Designee			
Election to Receive or Washall constitute grounds	aive Retirement Be for termination of	nefits and acknowledg retirement benefits:	in support of this Disclosure of Reemplo e that failure to comply with NMIAC § 110	
	under 1 CMC § 839		remption under 1 CMC § 8392(a)(5)	
	n for Personnel Act		kemption Request from the Governor	_
□ Employme	nt Contract		stification Letter for Exemption Request f	rom
			mployer	
			pplication for Employment/ <i>Curriculum Vit</i>	tae
		□ N	otification for Personnel Action	
		□ Ei	nployment Contract	
1 CMC § 8392(a)(1)-(4 1 CMC § 8392(a)(5) does	) or exemption lot and shall not be	by the Governor wit e deemed a waiver of a	ice through permissible reemployme h the concurrence of the Trustee puny claims, including, but not limited to, over a CMC § 8390 or any applicable CNMI La	rsuant to erpayment
Member'	s Signature	·	 Date	
Wichibel	o orginatare		Dute	
FOR SETTLEMENT FUN	ID USE ONLY:			
Received by:				
,			Date:	
			If mailed nostmark date:	