



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 *Johnson v. Inos*, Civil Action No. 09-00023, in the NMI District Court.

9a. CONTRIBUTION RATE (FOR SETTLEMENT FUND USE ONLY)

| | | Employee Contribution Rate | Employer Contribution Rate |
|--|-----------------------------------|-------------------------------|-------------------------------|
| Class Membership: | <input type="checkbox"/> Class I | 10.5% | _____ % |
| | <input type="checkbox"/> Class II | 11% | _____ % |
| _____ Signature of Settlement Fund Comptroller or Designee | | _____ Date | |

9b. ACKNOWLEDGMENT OF CONTRIBUTIONS REQUIRED (FOR EMPLOYER'S PAYROLL DIVISION)

I understand that Section 5.0 of the Settlement Agreement executed in *Johnson v. Inos*, Civil Case No. 09-0023, requires all Settlement Class Members employed by the NMI Government and Autonomous Agencies to continue payment of contributions to the Settlement Fund and the Government and Autonomous Agencies to pay employer contributions for these Class Members, and that employer and employee contributions must be remitted to the Settlement Fund pursuant to the applicable rate as indicated in Section 9a of this Form.

Name & Signature of Payroll Supervisor
or Designee

Date

I hereby submit this Form and the following documents in support of this Disclosure of Reemployment and Election to Receive or Waive Retirement Benefits and acknowledge that failure to comply with NMIAC § 110-10-140(b) shall constitute grounds for termination of retirement benefits:

For exemption under 1 CMC § 8392(a)(1)-(4)

- ☐ Notification for Personnel Action
- ☐ Employment Contract

For exemption under 1 CMC § 8392(a)(5)

- ☐ Exemption Request from the Governor
- ☐ Justification Letter for Exemption Request from Employer
- ☐ Application for Employment/*Curriculum Vitae*
- ☐ Notification for Personnel Action
- ☐ Employment Contract

I acknowledge that my return to government service through permissible reemployment under 1 CMC § 8392(a)(1)-(4) or exemption by the Governor with the concurrence of the Trustee pursuant to 1 CMC § 8392(a)(5) does not and shall not be deemed a waiver of any claims, including, but not limited to, overpayment claims, which the Settlement Fund is entitled to collect pursuant to 1 CMC § 8390 or any applicable CNMI Law.

Member's Signature

Date

FOR SETTLEMENT FUND USE ONLY:

Received by: _____

Date: _____

If mailed, postmark date: _____