



## North Dakota Public Employees Retirement System

# MEMORANDUM

2004-3

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TO: ALL AUTHORIZED AGENTS/PAYROLL/PERSONNEL OFFICERS

SUBJECT: **NDPERS SPONSORED PRE-RETIREMENT EDUCATION PROGRAM**

**April 15, 2004**

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Please make a copy of the **Invitation/Registration Form** for each employee in your agency to notify him or her of the upcoming **NDPERS Pre-Retirement Education Program** being offered in Grand Forks. The program is designed for individuals who have not previously attended a NDPERS pre-retirement seminar. It will be held at the **UND Memorial Union Building, South Ball Room in Grand Forks**, from 8:00 a.m. to 5:00 p.m. on **April 15, 2004**. Registration begins promptly at 7:15 a.m. Cost of attendance is \$20.00 per NDPERS member. Spouses are encouraged to attend at no extra cost. Please see additional details below.

### REGISTRATION

The registration form should be sent to NDPERS no later than **March 22, 2004**. Registration forms received after **March 22<sup>nd</sup>** will not be accepted. **Payment must accompany the completed registration form. No cash will be accepted!** Checks should be made payable to "NDPERS".

**This year the maximum attendance is 200 people, including spouses.** Registration will be based on first come, first serve. Agencies with more than 20 interested members should contact the NDPERS office (Denise Curfman 328-3903) about conducting their own seminar.

### REGISTRATIONS WILL NOT BE TAKEN OVER THE TELEPHONE!

### IDB SYSTEM

State agencies may wish to be billed through the IDB system. If your department is equipped with the IDB system and wishes to be billed through IDB, please group all attendee's registration forms together and send them along with a letter that includes the following information:

1. Name of agency to be billed
2. Agency contact person's name and telephone number
3. Agency's IDB billing number

### REMINDER NOTICE

An agenda will be sent to all registered NDPERS members on or before **March 26, 2004**.

## **MATERIALS**

Each registered NDPERS member will receive a binder the day of the seminar. Spouses will share a binder unless registered separately.

## **REFUNDS**

No refunds will be granted for cancellations received after **March 26, 2004**.

## **VACATION TIME**

NDPERS cannot require you to provide time off for your employees to attend this program. However, we encourage you to provide them with the time off without requiring them to take a vacation day if at all possible.

## **SPONSORING A PRE-RETIREMENT EDUCATION PROGRAM (PREP)**

If you are interested in sponsoring a **Pre-Retirement Education Program** in your area, please contact the NDPERS office (Denise Curfman 328-3903) for more information. A facilitator's handbook is available so you can get an idea of what would be involved. If you are a smaller employer or cannot provide the minimum of 20 people, we encourage you to combine efforts with other participating employers in your area. We have had several co-sponsored programs both outside of Bismarck and in Bismarck that went very well! To secure a date, you must provide a written request to the retirement staff indicating at least two dates that would be acceptable. A minimum of 90 days lead-time is necessary for programs held outside of Bismarck. NDPERS only conducts one seminar per month so get your requests in early.

**The next NDPERS-sponsored Pre-Retirement Seminar to be held in Bismarck is tentatively scheduled for October, 2004.**

**Any individual requiring an auxiliary aid or service must contact the NDPERS ADA Coordinator at 328-3900 at least 5 business days before the scheduled meeting.**



# NDPERS

## PRE-RETIREMENT EDUCATION PROGRAM

**APRIL 15, 2004**

Registration: 7:15 AM – 7:55 AM

Program: 8:00 AM – 5:00 PM

**UND Memorial Union Building  
South Ball Room (2<sup>nd</sup> floor)  
Grand Forks**

### **TOPICS COVERED INCLUDE:**

- ✓ Financial Planning
- ✓ Social Security & Medicare Benefits
- ✓ NDPERS Insurance Benefits
- ✓ NDPERS Retirement Benefits / PEP
- ✓ Deferred Compensation
- ✓ Legal Planning

This program is designed to assist you in planning for a successful retirement.

**YOU MUST PRE-REGISTER TO ATTEND.**

**REGISTRATION FORM IS AVAILABLE ON OUR WEBSITE OR AT YOUR PAYROLL OFFICE. ALL REGISTRATION MUST ACCOMPANY THE REGISTRATION FEE OF \$20.00.**

**REGISTRATION IS DUE BY MARCH 22, 2004.**



# NDPERS Pre-Retirement Education Program

**Sponsored By:**

## **Agenda**

**NDPERS**  
April 15, 2004  
UND Memorial Union Building  
South Ball Room (2<sup>nd</sup> Floor)  
Grand Forks, North Dakota

7:30 – 8:00	<b>REGISTRATION</b>
8:00 – 8:15	<b>INTRODUCTION</b>
8:15 – 9:15	<b>SOCIAL SECURITY BENEFITS</b> <i>SOCIAL SECURITY REPRESENTATIVE</i>
9:15 – 10:00	<b>NDPERS DEFERRED COMPENSATION (457 PLAN)</b> <i>BENEFIT PROGRAM ADMINISTRATOR</i>
10:00 – 10:15	<b>BREAK</b>
10:15 – 11:30	<b>PLANNING FOR YOUR FINANCIAL WELL BEING AT RETIREMENT</b> <i>AMERICAN GENERAL FINANCIAL GROUP/VALIC</i>
11:30 – 12:30	<b>LUNCH (ON YOUR OWN)</b>
12:30 – 2:00	<b>NDPERS RETIREMENT BENEFITS</b> <i>BENEFIT PROGRAM ADMINISTRATOR</i>
2:00 – 3:15	<b>LEGAL CONCERNS RELATING TO RETIREMENT</b>
3:15 – 3:30	<b>BREAK</b>
3:30 – 4:45	<b>NDPERS HEALTH, LIFE, DENTAL &amp; LONG TERM CARE INSURANCE</b> <i>BENEFIT PROGRAM ADMINISTRATOR</i>
4:45 – 5:00	<b>CLOSING REMARKS &amp; EVALUATION OF PROGRAM</b>

# REGISTRATION FORM

## REGISTRATION FORM

REGISTRATION FEE: \$20.00; No charge for accompanying spouse.

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

(In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number will be used as an identification number.)

ADDRESS: \_\_\_\_\_

PHONE: (work) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

My spouse will be attending. Name: \_\_\_\_\_

### NDPERS BENEFIT ESTIMATE INFORMATION

#### Retirement Projection (LIMITED to 2 projections; this includes Unused Sick Leave):

Age 55     Age 62     Age 65     Earliest Rule of 85     Other-Specify Date: \_\_\_\_\_

#### Unused Sick Leave Purchase:

(Leave blank if unused sick leave purchase is not desired)

\_\_\_\_\_ Number of hours of accumulated sick leave

**RETURN NO LATER THAN MARCH 22, 2004**

TO:           NDPERS  
                Denise Curfman  
                PO BOX 1657  
                Bismarck ND 58502-1657  
FAX: 701-328-3920 E-mail: dcurfman@state.nd.us

**IF PAYING BY CHECK, THE REGISTRATION FEE OF \$20 MUST BE INCLUDED WITH A COMPLETED REGISTRATION FORM. Make check payable to "NDPERS". NO REFUNDS GRANTED FOR CANCELLATIONS RECEIVED AFTER MARCH 26TH.**

**Cash will NOT be accepted! Registrations will NOT be taken over the phone!  
Registration forms received after MARCH 22<sup>ND</sup> will NOT BE ACCEPTED!**

**If you have any questions please give Denise Curfman a call at 701-328-3903.**