



EMPLOYER PAYMENT PLAN (800)
 NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
 TEACHERS' FUND FOR RETIREMENT
 SFN 7894 (7-2014 revised)

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|--------------------|-----------------------|-----------------|
| Employer Name | Phone Number | Employer Number |
| Administrator Name | Business Manager Name | |

Please review the TFFR Employer Guide at www.nd.gov/rio for information and examples of the payment plan models available to the employer. Before changing models, TFFR encourages employers to contact the administrative office for a model cost analysis.

TFFR Employer Payment Plan Effective Date July 1 _____ (year)

Model Selected (check one)

- Model 0 Employer withholds and remits taxed member contributions.
 Percent Paid by Member - Taxed 11.75%
- Model 1 Employer withholds and remits ALL of the member contributions under a salary reduction.
 Percent Paid by Member - Tax Deferred 11.75%
- Model 2 Employer pays all or a portion of the member contributions as a salary supplement.
 Percent Paid by Employer - Tax Deferred _____ **% (Up to 11.75%)**
 Percent Paid by Member - Tax Deferred _____ **% (Balance)**
- Model 3* Employer pays a fixed dollar amount of the member contributions as a salary supplement.

*Model 3 is no longer available unless the employer elected this model prior to July 1, 2003.

Note: The fixed dollar amount of member contributions picked up by the employer cannot be more than 11.75% of the lowest full time member's retirement salary.

Dollar Amount Paid by Employer - Tax Deferred \$ _____ **(Annual fixed dollar amount)**
 Remainder Paid by Member - Tax Deferred

- Model 4 State Agencies and State Institutions Only
 The State pays a portion of the member contribution as a salary supplement.
 Percent Paid by State - Tax Deferred 4.00 % (Up to 11.75%)
 Percent Paid by Member - Tax Deferred 7.75 % (Balance)

I understand the terms and conditions of the TFFR Employer Payment Plan model described in the TFFR Employer Guide. The employer has selected the above model to report and pay member and employer contributions. I understand this Employer Payment Plan will remain in effect until a new plan is filed in writing. I also understand that any penalties levied by the Internal Revenue Service or Social Security Administration for improper reporting are the liability of the employer, not TFFR.

RETURN TO:

ND Retirement and Investment Office
 1930 Burnt Boat Drive
 PO Box 7100
 Bismarck ND 58507-7100

Telephone: 701-328-9885
 Toll free: 800-952-2970
 Fax: 701-328-9897

www.nd.gov/rio

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|----------------------------------|
| Authorized Signature of Employer |
| Title |
| Date |