

SICK LEAVE

What is it and should I
purchase it?





Agenda

Transfer sick leave

Bank sick leave

Payout of sick leave

Convert your sick leave to purchase service credits

TRANSFER of sick leave

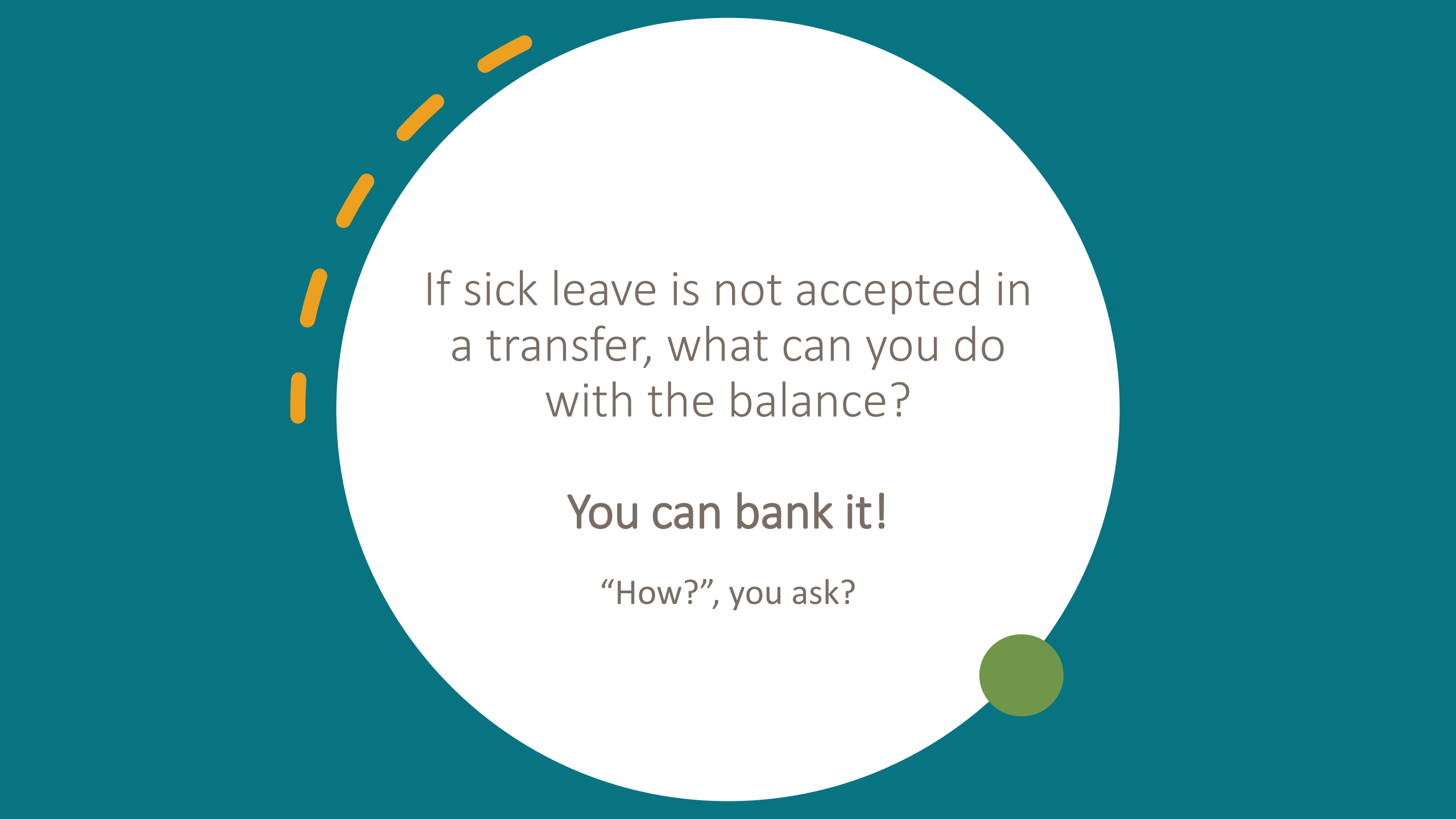


State to State,

The receiving agency will
accept all of it

State to Political
Subdivision or vice versa,

The receiving agency may not
accept all of it



If sick leave is not accepted in
a transfer, what can you do
with the balance?

You can bank it!

“How?”, you ask?



Complete transfer forms every time you transfer to another agency with NDPERS benefits



[Home](#)

[Active Members](#) ▾

[Retired Members](#) ▾

[Employers](#) ▾

[About NDPERS](#) ▾

[Contact](#) ▾

[Home](#) / [Enroll/Change NDPERS Plans](#)

Enroll/Change NDPERS Plans

Enrolling in NDPERS Plans

A newly eligible employee may enroll in the NDPERS plans by utilizing [Member Self Service \(MSS\)](#) or by completing the various plan enrollment forms found in the [New Hire Guide](#) and [Forms](#).

Updating NDPERS Plan Elections

Existing employees may enroll in the NDPERS insurance plans or FlexComp plan during Annual Enrollment or within 31 days of a [qualifying event](#).

Transferring to another NDPERS participating employer?

If you are transferring your employment to another NDPERS covered employer, a [Notice of Transfer Guide](#) and [Forms](#) must be completed.

Notice of Transfer

SFN 53706

Completed by employee and both the previous and new employers to confirm employment type, date, continue insurance benefits and confirm sick leave transfer.

Send to NDPERS within 60 days of transfer.

If sick leave hours are accepted by the receiving employer, this is all you need to do.



NOTICE OF TRANSFER

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53706 (Rev. 08-2019)

53706

NDPERS • 400 East Broadway • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION

Name (Last, First, Middle)	Transfer, Sally	NDPERS Member ID	12345
Last Four Digits of Social Security Number	0000	Date of Birth (mm/dd/yyyy)	01/01/1994

PART B CURRENT EMPLOYER

Organization Name	Employer	NDPERS Organization ID	98765
Last Date of Service with Current Agency	12/31/2020	Date of Last Regular Paycheck	01/01/2021
Last Month of Reported Retirement Contributions		12/2020	
Last Month Insurance Premium(s) will be paid by your agency/or this employee (mm/yyyy) 01/2021		Projected Accumulated Hours of Sick Leave To Date of Transfer 880.50	

PART C CURRENT PLAN INFORMATION (Check yes or no for all NDPERS plans the employee is currently participating in)

Defined Benefit Plan	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Defined Contribution Plan	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Deferred Comp (457)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Other 457/403(b)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
If Yes, Provider(s) If more than one provider, attach a detailed memo		If Yes, Monthly Deduction	\$ 200
Group Health Insurance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, select <input type="checkbox"/> Single <input checked="" type="checkbox"/> Family <input type="checkbox"/> PPO <input type="checkbox"/> HDHP		
Group Life Insurance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, select <input checked="" type="checkbox"/> \$7,000 Basic Life Supplemental \$ 400,000 .00 <input checked="" type="checkbox"/> Dependent \$ 100,000 .00 <input checked="" type="checkbox"/> Spouse Supplemental \$ 50,000 .00		
Group Dental Insurance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, select <input type="checkbox"/> Individual Only <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Individual & Child(ren) <input checked="" type="checkbox"/> Family		
Group Vision Insurance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, select <input type="checkbox"/> Individual Only <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Individual & Child(ren) <input checked="" type="checkbox"/> Family		
FlexComp Plan	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, Medical Spending Annual Deduction \$ 2,850.00	<input type="checkbox"/> If Yes, Dependent Care Annual Deduction	\$

PART D AUTHORIZATION OF CURRENT AUTHORIZED AGENT

I certify that the above information is true and correct.

Authorized Agent Signature	Telephone Number	Date of Signature
----------------------------	------------------	-------------------

PART E NEW EMPLOYER

Organization Name	Employer	NDPERS Organization ID	98765
First Day of Service with New Agency	01/01/2021	Date of First Regular Paycheck	02/01/2021
New Job Classification <input checked="" type="checkbox"/> Classified State <input type="checkbox"/> Non-Classified State <input type="checkbox"/> Non-State <input type="checkbox"/> State University System <input type="checkbox"/> TIAA <input type="checkbox"/> NDTFFR <input type="checkbox"/> Judge <input type="checkbox"/> Peace Officer <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Firefighter <input type="checkbox"/> Elected Official <input type="checkbox"/> Appointed Official			
Employment Type <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary		Status <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Non-Contributing	
Seasonal <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11 Months		Hourly <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

PART F AUTHORIZATION OF NEW AUTHORIZED AGENT

I certify that the above information is true and correct.

Authorized Agent Signature	Telephone Number	Date of Signature
----------------------------	------------------	-------------------

Transfer of Unused Sick Leave Verification SFN 53404

- “Bank” sick leave with NDPERS for future purchase if the new employer does not accept sick leave.
- Complete SFN 53404 and send to NDPERS within 60 days of transfer.



TRANSFER OF UNUSED SICK LEAVE VERIFICATION NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 53404 (Rev. 01-2017)

53404

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 or (800) 803-7377 • Fax (701) 328-3920

PART A MEMBER INFORMATION

Member Name (Last, First, Middle) Transfer, Sally	NDPERS Member ID 12345
Last Four Digits of Social Security Number 0000	Date of Birth (mm/dd/yyyy)

PART B MEMBER AUTHORIZATION

I authorize the exchange of unused sick leave information between my Former Employer, New Employer, and the North Dakota Public Employees Retirement System.

I understand that a completed “Transfer of Unused Sick Leave Verification SFN 53404” MUST be on file at NDPERS within 60 days from the date I leave employment with my former employer.

I understand that upon my termination of employment, I will have the opportunity to convert my unused sick leave to service credit according the North Dakota Administrative Code Chapter 71-02-03-06.

Member's Signature	Date of Signature
--------------------	-------------------

PART C FORMER EMPLOYER VERIFICATION

Organization Name Old Employer	NDPERS Organization ID 123
Total number of hours of unused sick leave at time of employment transfer 880.50	
Signature of Authorized Agent	Date of Signature

PART D NEW EMPLOYER VERIFICATION

Organization Name New Employer	NDPERS Organization ID 98765
Total number of hours of unused sick leave <u>accepted</u> 80.00	Total number of hours of unused sick leave <u>rejected</u> 800.50
Signature of Authorized Agent	Date of Signature

PART D NEW EMPLOYER VERIFICATION

Organization Name New Employer		NDPERS Organization ID 98765
Total number of hours of unused sick leave <u>accepted</u> 80.00	Total number of hours of unused sick leave <u>rejected</u> 800.50	
Signature of Authorized Agent		Date of Signature

Notice of Transfer SFN 53404

- NDPERS enters the rejected sick leave hours in the retirement system.
- You can purchase this unused sick leave along with any other accumulated sick leave when you leave employment.



Mule



Donkey

Purchase vs Payout
Two different animals. . .

Whether or not you choose to convert and purchase service using your sick leave hours, your employer will still honor the payout agreement you have with them.

Payout of sick leave by an employer and purchase of converted sick leave with NDPERS are two different things.

PAYOUT of sick leave

01

If you earn sick leave with your employer and leave employment, part of it may be payable to you.

02

This payout is between you and your employer

NDPERS is not your employer and does not pay out leave balances

You can also
purchase
unused sick
leave

Upon leaving employment

Complete Conversion of Unused Sick Leave
Application SFN 58358 before leaving employment


Cost determined by a conversion formula

Confirm with your employer if and how much you
were paid out for sick leave

NDPERS sends you a request for payment

Conversion of Unused Sick Leave Application – Defined Benefit SFN 58358

- **When ending employment**, whether you are immediately retiring or deferring your retirement...
- SFN 58358 must be received by NDPERS no later than the last day working day of the month in which you terminate employment or are no longer accruing.
- **Part C:** Enter your approximate number of sick leave hours and how many months it will convert to
- **Part D and E :** Indicate your payment method
 - You may purchase all of the service with an after-tax payment via personal check
 - You may purchase the retirement portion of the service with pre-taxed, qualified funds such as a 457, 403(b), 401K, IRA, etc.
 - The RHIC is always paid with after tax dollars and represents about 1.14% of the purchase (Tier 3 employees will not have a RHIC)
- **Part F:** If rolling funds, you will need your employer to complete, sign and date
- **Part G:** You sign and date
- The completed forms and funds are due by the 15th of the month after the month you leave employment.

 **CONVERSION OF UNUSED SICK LEAVE APPLICATION- DEFINED BENEFIT**
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58358 (Rev. 07-2018)

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 or (800) 803-7377 • Fax (701) 328-3920

PART A PARTICIPANT IDENTIFICATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)

PART B NOTICE TO MEMBER
I understand that I have the opportunity to convert any unused sick leave that I accrued with my employer as of my date. Payments can be made to NDPERS as an after-tax payment through a personal check or as a pre-tax payment a direct rollover or trustee-to-trustee transfer of an eligible fund towards the retirement portion of the sick leave. I have had the opportunity to speak to a financial planner and NDPERS regarding my election and to ask any question concerning this election. I understand that this election must be made prior to disbursement of any retirement. My election regarding payment is indicated in Part D or Part E.

PART C HOURS OF UNUSED SICK LEAVE
Projected number of hours of unused sick leave [formula = hours ÷ 173.3 = months] (rounded up) _____
Number of months you wish to convert _____

PART D APPLICATION FOR AFTER TAX PAYMENT THROUGH PERSONAL CHECK
☐ I elect to convert my unused sick leave and to pay for it through an after-tax payment. I understand that NDPERS will provide the cost for the sick leave conversion following my termination of employment. I will have until the 15th of the month following my month of termination to pay for the conversion. I understand that I must submit payment by the 15th of the month prior to my first retirement check date as not to delay the payment of this first benefit.

PART E APPLICATION FOR PRE-TAX PAYMENT THROUGH DIRECT ROLLOVER/TRANSFER
☐ I elect to convert my unused sick leave and to pay for the retirement portion of the conversion through a pre-tax direct rollover or transfer from an eligible fund source. I understand that by electing this option, NDPERS will defer estimated cost 60 days prior to my termination date and will provide this information to me. The direct rollover or transfer will be received by NDPERS by the 15th of the month following my month of termination. If I elect to use a direct rollover transfer, I will submit payment for the retiree health insurance credit portion by personal check. The final cost will be calculated upon my termination. If there is a difference between the sick leave balance or conversion payment and the amount that I paid, then only the amount of sick leave available as of the date of termination will be added to my record. The funds for the over-payment cannot be returned due to the pre-tax nature of the funds. My member account balance will be credited with the full amount of funds received from the rollover or transfer. If an underpayment occurs, I will pay the remaining amount by the 15th of the month following my month of termination date. I authorize my employer to document my expected salaries for the 60 days prior to my termination of employment under section F.

PART F EMPLOYER SALARY VERIFICATION – COMPLETE IF PART E ELECTED BY MEMBER

Month	Year	Indicate Projected Gross Salary
		\$
		\$
		\$

The salaries above are the projected gross salaries that this individual is expected to earn within 60 days of the employment termination date. To the best of my knowledge and belief, the information that I have provided on this form is correct.

Signature of Authorized Agent _____ Date _____

PART G MEMBER ELECTION
To the best of my knowledge and belief, the information that I have provided on this form is correct. I understand that "Conversion of Unused Sick Leave Application SFN 58358" must be received and date stamped at NDPERS before the last working day of the month in which I terminate employment. Late applications will be VOID.

Member's Signature _____ Date _____

Compare Reasons to Convert Unused Sick Leave

No converted sick leave

Your estimated benefit is calculated assuming the following information:

Benefit Multiplier:	2.00%	Marital Status:	Married
Age at Retirement:	65.5	Retirement Date:	August 01, 2025
Years of Service Credit:	19.2500	Account Balance:	\$154,093.38
Final Average Salary:	\$7,643.83		

Benefit Sub-Type: Normal Retirement (Unreduced)

No purchase

RETIREMENT BENEFIT OPTIONS

Single Life Benefit:	\$2,942.87
50% Joint & Survivor Benefit:	\$2,734.22
100% Joint & Survivor Benefit:	\$2,553.53
Ten (10) Year Term Certain Benefit:	\$2,865.18
Twenty (20) Year Term Certain Benefit:	\$2,685.96

RETIREE HEALTH INSURANCE BENEFIT OPTIONS (RHIC)

Standard Health Credit:	\$96.25
Alternate 50% Joint & Survivor Health Credit:	\$89.43
Alternate 100% Joint & Survivor Health Credit:	\$83.52

Converted sick leave

Increase your benefit by \$65.79 per month

Your estimated benefit is calculated assuming the following information:

Benefit Multiplier:	2.00%	Marital Status:	Married
Age at Retirement:	65.5	Retirement Date:	August 01, 2025
Years of Service Credit:	19.6667	Account Balance:	\$154,093.38
Final Average Salary:	\$7,643.83		

Benefit Sub-Type: Normal Retirement (Unreduced)

Includes 5M of SL at approximate cost of \$5832.24.

RETIREMENT BENEFIT OPTIONS

Single Life Benefit:	\$3,006.58
50% Joint & Survivor Benefit:	\$2,793.41
100% Joint & Survivor Benefit:	\$2,608.81
Ten (10) Year Term Certain Benefit:	\$2,927.21
Twenty (20) Year Term Certain Benefit:	\$2,744.11

RETIREE HEALTH INSURANCE BENEFIT OPTIONS (RHIC)

Standard Health Credit:	\$98.33
Alternate 50% Joint & Survivor Health Credit:	\$91.36
Alternate 100% Joint & Survivor Health Credit:	\$85.32

Conversion of Sick Leave and Cost

- Conversion formula = Sick leave hours / 173.3, rounded up
- Cost = Final Average Salary X Months to Purchase X Plan Contribution Rate

	Without Purchase	With purchase
Single Life	\$2,942.87	\$3,006.58
RHIC	\$96.25	\$98.33
	\$3,039.12	\$3,104.91
Monthly increase		\$65.79
# months to purchase (rounded up)	5	4.039238315
FAS		\$7,643.93
Contribution		15.26%
SL purchase		\$5,832.32
Generic Purchase		0.00
Total		\$5,832.32
# of years for return on investment (ROI)		7.39

If you invested the \$7,643.93 somewhere else, could it guarantee a \$65.79 monthly payment for the rest of your life?



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Contact NDPERS

- **Customer Service**

- Call: (701) 328-3900 or
- TF:(800) 803-7377

- **Online Resources**

- Website: ndpers.nd.gov
- [Member Self Service \(MSS\)](#)

