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Board Elections

The Public School Employees' Retirement System (PSERS) Board of Trustees will conduct an annuitant member election this fall for an annuitant member to serve a **three-year term** on the Board from January 1, 2017, to December 31, 2019.

Members who desire to run in the annuitant election must:

- Be an annuitant member of PSERS.
- Submit an affidavit and nominating petition with 125 or more valid signatures of other PSERS annuitant members.
- Submit a completed biographical form.

To receive a nomination packet and more information on the duties and responsibilities of Board members, interested annuitant members may email, fax, or write to:

Lori Koch, PSERS Election Coordinator
5 N 5th Street
Harrisburg PA 17101-1905

Email: lorkoch@pa.gov
Fax: 717.772.5372

Please be sure to specify in your request that you want information on the annuitant member seat because active certified member elections will also be held.

Your completed affidavit, nominating petition, and biographical form must be returned to Ms. Koch at the email address, mailing address, or fax above by **4:30 p.m. on July 8, 2016**. Late receipt will disqualify any candidate from the election ballot.

The Public School Employees' Retirement System (PSERS) provides this document for educational and informational purposes. Information in this document is general in nature, does not cover all factual circumstances, and is not a complete statement of the law or administrative rules. The statements in this document are not binding. In any conflict between the statements in this document and applicable law or administrative rules, the law and administrative rules will prevail. This document is designed solely to provide an overview of benefits available to PSERS members and is not intended to be a substitute for retirement counseling. The contents of this newsletter may not be used for any commercial purpose without PSERS' prior written permission.

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Disability Annuity

If you are receiving a disability annuity and have not yet reached normal retirement age, you will be required to submit an *Annual Earnings Statement for Disability Benefits* (PSRS-1266) to verify the gross amount of income you earned during the previous calendar year. PSERS mails out the *Annual Earnings Statements* in January of each year. As part of this process, PSERS may verify your reported earned income with other Commonwealth agencies.

If a discrepancy is found during this verification process, you could be required to provide additional proof of your annual earnings (e.g., W2s, pay stubs, etc.). If you fail to provide this information, your disability benefit could be adjusted and/or stopped.

Commonwealth of Pennsylvania - Public School Employees' Retirement System 5041

6 N 5th Street
Harrisburg, PA 17101-1005
Toll-Free: 1-800-773-7748
www.pers.com
Fax: 717-773-3860
PSRS-1266 (08/2016)

Annual Earnings Statement for Disability Benefits

1 - Member Information

Member Name: _____ Mailing Address (if different than address shown): _____
Social Security No.: _____

Daytime Phone () _____
Evening Phone () _____
Email Address: _____

2 - Annual Earnings Information **NOTE: You must check one box below.**
Refer to Section 2 in the instructions to determine which earnings must be reported (PSRS-1266-101).
 I had no reportable earnings in 2016. Check here if you are on Section 2.
 I had reportable earnings in 2016. Provide the amount(s) and address(es) of your employer(s) and the amount you earned from each. If you had more than two employers, attach additional sheets.

Employer Name	Employer Address
Job Title	Employer Address
Employer Address	Annual Earnings from the Employer
Annual Earnings from the Employer	Annual Earnings from the Employer

3 - Member Certification

I certify that all statements provided on this form are true and accurate. I understand that PSERS may obtain information from other government departments, agencies, or entities to verify my annual earnings.
I hereby affirm that the foregoing information is true and correct to the best of my knowledge and belief; said affirmation is being made subject to the penalties prescribed by 18 Pa. C.S. Section 4904 (Unsworn Fabrications to Authorities).

Signature _____ Date Signed _____
Annual Earnings Statement for Disability Benefits Page 2 of 2

Who Is Eligible for the Health Options Program (HOP)?



PSERS sponsors the Health Options Program (HOP) to provide you and your dependents access to group health insurance. The benefits provided by HOP are designed to meet the health insurance needs of PSERS annuitants.

Participation in HOP is voluntary and the benefits are financed by the premiums paid by plan participants. You may enroll in HOP within 180 days of a Qualifying Event (defined later in this article) if you are a(n):

- **Annuitant** (a retired member).
- **Survivor Annuitant.** A survivor annuitant is eligible to enroll in HOP at the time of the member's retirement provided that the premium is deducted from the monthly benefit. Upon the member's death, a survivor annuitant is eligible to enroll in HOP.
- **Spouse.** A surviving spouse, who is already enrolled in HOP, may continue to participate in the program upon the death of the annuitant. A surviving spouse may enroll in HOP upon the death of the member if he or she, as a beneficiary, is receiving a monthly annuity from PSERS.
- **Dependent** (child) of Annuitant or Survivor Annuitant. A surviving dependent, who is already enrolled HOP, may continue to participate in the program upon the death of the annuitant until he or she no longer meets the criteria of a dependent. He or she may enroll in HOP upon the death of the annuitant if the dependent, as a beneficiary, is receiving a monthly annuity from PSERS.

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The following are considered Qualifying Events for HOP enrollment:

- You retire or lose health care coverage under your school employer's health plan. Coverage under your school employer's health plan includes any COBRA continuation coverage you may elect under that school employer's plan.
- You involuntarily lose health care coverage under a non-school employer's health plan.
- You **or your spouse** reach age 65 or become eligible for Medicare.
- There is a change in your family status including divorce, the death of a spouse, addition of a dependent through birth, adoption, or marriage, or a dependent loses eligibility. (The death of a retiree is not a Qualifying Event unless the spouse or dependent will receive a pension from PSERS following the retiree's death.)
- You become eligible for Premium Assistance due to a change in legislation.
- A plan approved for Premium Assistance terminates or you move out of a plan's service area.

Some Qualifying Events may apply to you, your spouse, and your dependents independently. For example, when your spouse turns age 65 he or she may enroll in HOP even if you, the annuitant, do not, provided that the premium is deducted from the annuitant's monthly retirement benefit.

For more information about HOP or for customer service assistance contact HOP directly at 1.800.773.7725 or visit the HOP website at www.hopbenefits.com.

PSERS
5 N 5th Street
Harrisburg PA
17101-1905

Toll-Free
1.888.773.7748
Local Calls
717.787.8540
FAX
717.772.3860

Phone Hours
Weekdays
(except holidays):
8:00 a.m. - 5:00 p.m.

Web Address:
www.psers.state.pa.us

Email Address:
ContactPSERS@pa.gov

**PSERS is proud to be
an equal opportunity
employer supporting
workforce diversity.**

PSERS Board of Trustees Meeting

June 10, 2016

October 7, 2016

December 7, 2016

PSERS Board meetings are held in Harrisburg at PSERS, located at 5 N 5th Street.

In addition to these Board meetings, Committee meetings are held throughout the year. All PSERS Board meetings are open to the public.

For exact meeting times or if you would like to attend and require an accommodation to participate, please call Barbara Book, PSERS Executive Office at 1.888.773.7748, extension 4617.

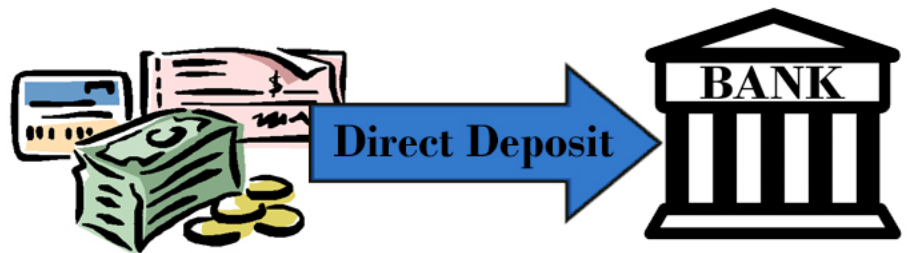
PSERS provides visually impaired readers with our publications in large print or on a CD. Please contact us to request these free services.

Deposit Your Monthly Benefit Directly into Your Bank Account

Direct deposit is a safe, reliable way to receive your PSERS monthly payments. To sign up, please complete and mail the *Authorization for Direct Deposit – Electronic Transfer of Monthly Benefit* (PSRS-116) on the PSERS website. You may also call PSERS at 1.888.773.7748 to request a copy of the form. We recommend that you enclose a voided check from the account to which you want to deposit your funds.

Upon receipt of your properly completed form, we will update your account to stop the mailing of a paper check and authorize the electronic transmission of your retirement benefit to your bank account. It may take up to 60 days for direct deposit to become effective.

A confirmation letter is sent when your direct deposit request is processed. If you are changing the bank account where you would like to receive your benefit, PSERS strongly recommends that you do not close the old account until your monthly benefit payment is deposited successfully into your new account.



Update Your Addresses

The U.S. Post Office returns approximately 7,500 pieces of mail to PSERS each year due to invalid addresses. As a retiree, an up-to-date mailing address not only allows you to receive informational publications and your yearly *Form 1099-R*, but also ensures that you continue to receive your monthly benefit payment. **Even if you have signed up for direct deposit, your payments may be stopped if your mailing address is not valid.**

Please submit any address changes to PSERS in writing. You can do this either by sending a

letter to PSERS or by completing the *Change of Address for PSERS Retirees* (PSRS-1301) form that is on the PSERS website (see instructions below). You may also call PSERS at 1.888.773.7748 and request the form be sent to you. Be sure to include your signature, last four-digits of your social security number, and the effective date of the change.


If we receive notification from the U. S. Postal Service that your mailing address is not valid, your monthly benefit payment may stop until you send PSERS written notification of your new address.

Forms for Retirees, including Direct Deposit and information on the Health Options Program

- [Authorization for Direct Deposit - Electronic Transfer of Monthly Benefit - PSRS 116](#)
- [Power of Attorney - PSRS 248](#)
- [Option Designation \(For Retirees Whose Survivor Annuitant is Deceased\) - PSRS 631](#)
- [Major Medical Comprehensive Claim Form](#)
- [PSERS Health Options Program - PSRS 1165](#)
- [Change of Address for PSERS Retirees - PSRS 1301](#)
- [PSERS Verification of Deposit - PSRS 1320](#)

Instructions to Access Change of Address of PSERS Retirees.

To download the *Change of Address of PSERS Retirees* and other forms, visit www.psers.state.us and select "Forms" in the left sidebar. Then, scroll down to the bottom section titled "Forms for Retirees, including Direct Deposit and information on the Health Options Program." You must have Adobe Reader to access our forms. Although you may fill out most fields on the form directly on your computer, you must print the document and sign your name. PSERS cannot accept your submission without your signature and date.



Commonwealth of Pennsylvania - Public School Employees' Retirement System

PSERS 1301-1905

Mail Center

Change of Address for PSERS Retirees

Instructions: If you are a PSERS retiree, please use this form to submit your change of address to PSERS. If you are an active PSERS member, you must submit your change of address to your employer—DO NOT use this form for this purpose.

Your Name: (Last, First, Middle Initial) _____ Your Social Security Number: _____

FORMER ADDRESS	Address _____
	Address _____
	City _____ State _____ Zip Code _____

NEW ADDRESS	Address _____
	Address _____
	City _____ State _____ Zip Code _____
	Telephone Number (including area code) _____ Effective Date of Address Change _____

My monthly benefit is currently mailed to my home address.

My monthly benefit is currently direct deposit/electronically transferred to my account.

Member Certification

I hereby authorize and request the Public School Employees' Retirement System (PSERS) to change my mailing address to the new address listed above. I understand that this change of address will not alter any direct deposit/electronic transfer arrangement I may have. To start or change direct deposit/electronic transfer, form PSRS-116, *Authorization for Direct Deposit-Electronic Transfer of Monthly Benefit* must be completed.

Retiree Signature Only _____ Date _____

PSERS
5 N 5th Street
Harrisburg PA 17101-1905

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Public School Employees' Retirement System
Important Information from the
Commonwealth of Pennsylvania