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| 1526 K St., Ste. 400 PO Box 94816 Lincoln, N  | E 68509-4816  | 5 PHONE 402-471-2                       | .053 TOLL FREE 800                         | )-245-5712 F | -ax 402-471-9493   |
|---|---------------|---|--|--------------|--|
| Name First  |               | Middle                                  | Date of Birth                              |              | Plan Type<br>(Check One)   |
| Social Security Number  | Retir         | ement Number                            |  |              | School   |
| Address City  |               | State Zip                               |  |              |  |
| Home Phone Work Phone   |               | Employer                                |  |              |  |
| Sc  | hool Veri     | fication of Sal                         | ary  |              |  |
| To help us determine the appropriate salaries answer the following questions:   | s to use when | calculating this r                      | nember's final re                          | tirement ben | efit, please   |
| and not the joine with queened  |               | Posi                                    | tion                                       | How long w   | as position held?  |
| 1. List the member's last position at your schow long this position was held.   | nool and      |   |  |              |  |
| 2. This member is/was: (check one)  |               | a. an hourly em                         | ployee $\square$                           | b. a salarie | d employee □   |
| (   |               | , |  |              | , J  |
| 3. Is/was this member under a contract?   |               | a. Yes □                                |  | b. No □      |  |
| If yes, please list the member's contractual beginning date and ending date.  |               | Beg. Date of Contract Mo/Day (approx)   | End Date of<br>Contract<br>Mo/Day (approx) | Example:     | Beg Date 08/18<br>End Date 05/25<br>Beg Date 07/01<br>End Date 06/30 |
| If yes, please specify how many months the contract salary is paid. This may be different that of months actually worked. (check one) |               | □ 9 months □                            | 10 months □                                | 11 months    | □ 12 months  |
| 4. In the member's last year of employment,   | are you payi  | ng the member's f                       | inal salary early?                         | Yes 🗆        | No 🗆   |
| 5. Please provide item(s)   |               | listed on page                          | 2 of this form.                            |              |  |
| EMPLOYER CONTACT COMMENTS:  |               |   |  |              |  |
| <ul> <li>PLEASE REVIEW THE INFORMATI CONCERNING WHAT CONSTITUTI</li> <li>IF YOU HAVE ANY QUESTIONS CO</li> </ul>                      | ES COMPE      | NSATION FOR 1                           | RETIREMENT                                 | PURPOSES.    |  |
| CONTACT OUR OFFICE.  This page must be signed by a Superintender  |               |   |  | ·            |  |
|   |               |   |  |              |  |
| Signature of School Official  |               |   | Dat  | e            |  |
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| Nan | ne   | Last   |           | First                |  | Middle                          | Retirement Number   |   |  |  |
|-----|--|--|-----------|----------------------|--|---------------------------------|---|---|--|--|
|     |  |  |           |                      | School Verific                             | ation of Sala                   |   |   |  |  |
| 1.  | { } Please review the attached School Retirement System history detail. For each circled monthly salary, please provide the following information: |  |           |                      |  |                                 |   |   |  |  |
|     |  | <ul> <li>The dollar amount of the additional salary (outside the member's regular monthly salary).</li> <li>What the additional salary is for.</li> <li>When the service that is associated with this additional salary was rendered.</li> </ul> |           |                      |  |                                 |   |   |  |  |
|     | Y  | You may re   |           | on the same salary   |  |                                 |   |   |  |  |
| 2.  | {  | include<br>10% u   | s a pro   | ovision that compen  | sation from one fis<br>ces a substantial c | scal year to the hange in emplo | 0, 2005, School Retired next, with the same error yment position or the | nployer, cannot exceed                          |  |  |
|     |  |  |           | •                    | * *  |                                 | eption has occurred. Ps salary between the fo                           | Please provide pertinent pllowing fiscal years: |  |  |
|     |  |  | •         | From the             | fiscal ye                                  | ar to the                       | fiscal year<br>fiscal year<br>fiscal year                               | r   |  |  |
| 3.  | {  |  | NPE       |                      |  |                                 | s/herease include in your re  |   |  |  |
|     |  |  | •         | The dollar amou      | •  | Co                              |   | leted   |  |  |
|     |  | RESPON   | SE:       |                      |  |                                 |   |   |  |  |
|     |  | Please sign  | n and c   | late your response _ |  |                                 |   |   |  |  |
|     |  |  |           |                      | Sig  | nature                          |   | Date  |  |  |
| 4.  | ,  | If you   | Distri    |                      | contracts for each                         | year, please pro                | r the year(s)<br>ovide its equivalent (i.e.                             |   |  |  |
| 5.  |  | { } Other  |           |                      |  |                                 |   |   |  |  |
|     |  |  |           |                      |  |                                 |   |   |  |  |
|     |  |  |           |                      |  | Prepared b                      | oy:<br>NPERS – Retire   | ement Specialist                                |  |  |
|     |  |  |           |                      |  |                                 | Da  |   |  |  |
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## **Information Guide on Compensation for Retirement Purposes**

- Compensation means gross wages or salaries payable to the member for personal services *performed* during the plan year and **includes** overtime pay, member retirement contributions, retroactive salary payments paid pursuant to court order, arbitration or litigation and grievance settlements, and amounts contributed by the member to plans under §§125, 403(b), and 457 of the Internal Revenue Code." [§79-902(35)].
- Compensation does not include fraudulently obtained amounts as determined by the PERB, amounts for unused sick leave or unused vacation leave converted to cash payments, insurance premiums converted to cash payments, reimbursement for expenses incurred, fringe benefits, or bonuses for services not actually rendered, including, but not limited to, early retirement inducements, cash awards, severance pay, and employer contributions made as separation payments at retirement.

## **Includes:**

- Overtime pay
- Used leave time
- Member retirement contributions
- Wages ordered paid in legal proceedings
- Amounts contributed by the member to:
  - §125 Cafeteria Plan
  - §403(b) Tax Sheltered Annuities
  - §457 Deferred Compensation Plans

## **Does Not Include:**

- Fraudulently obtained amounts
- Unused leave converted to cash
- Insurance premiums converted to cash
- Expense reimbursements
- Fringe benefits
- Bonuses (service not rendered)
  - early retirement inducements
  - cash awards
  - severance pay
  - retirement separation payments
- (a) A "fringe benefit converted to cash" means a benefit a school gives its employees without passing through payroll (for example, a direct subsidy paid by the school district to an insurance company that never passes through the employee's paycheck, or the use of an automobile paid for by the school district for an employee), and that an individual employee has individually arranged to have paid as cash in lieu of the regular fringe benefit. If a school district gives all employees an amount through payroll which individual employees may choose to pocket or to purchase insurance, then the amount running through payroll is not a "fringe benefit converted to cash," and should always be reported as compensation whether or not the employee actually uses it to purchase insurance.

If the school district discontinues providing a health insurance premium on behalf of all its employees and concurrently increases all their salaries by cash, which they may use as they see fit (including to purchase health insurance), then the increased contributions would count, as we interpret, as "wages …payable to the member for personal service performed" and thus would count as "compensation" for purposes of the School Employees Retirement Act.

If after reading this guide you determine compensation is not being properly reported to NPERS, please call 1-800-245-5712 and speak to our accounting department for procedures on adjusting salary through the employer reporting process.

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