State of Alaska
Retirement & Benefits

State of Alaska
Division of Retirement & Benefits

Public Employees' Retirement System (PERS) and Teachers' Retirement System (TRS) Division, Toll Free 1-800-821-2251
doa.drb.accountingsection@alaska.gov

ALASBO 2010 Retirement & Benefits Representatives:

Christina Maiquis, Accounting Supervisor

Erika Burkhouse, Payroll Processing Supervisor

Mandy Ireland, Retirement & Benefits Specialist

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doa.drb.accountingsection@alaska.gov

Teresa Kesey
Chief Financial Officer
(907) 465-5703
teresa.kesey@alaska.gov

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Accounting Supervisor
(907) 465-1845
christina.maiquis@alaska.gov

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erika.burkhouse@alaska.gov

Discussion Topics

- New Payroll Contact
- My Alaska Employer Services
- LogonID Forms
- eReporting
- Retirement & Benefits Forms

Getting Started

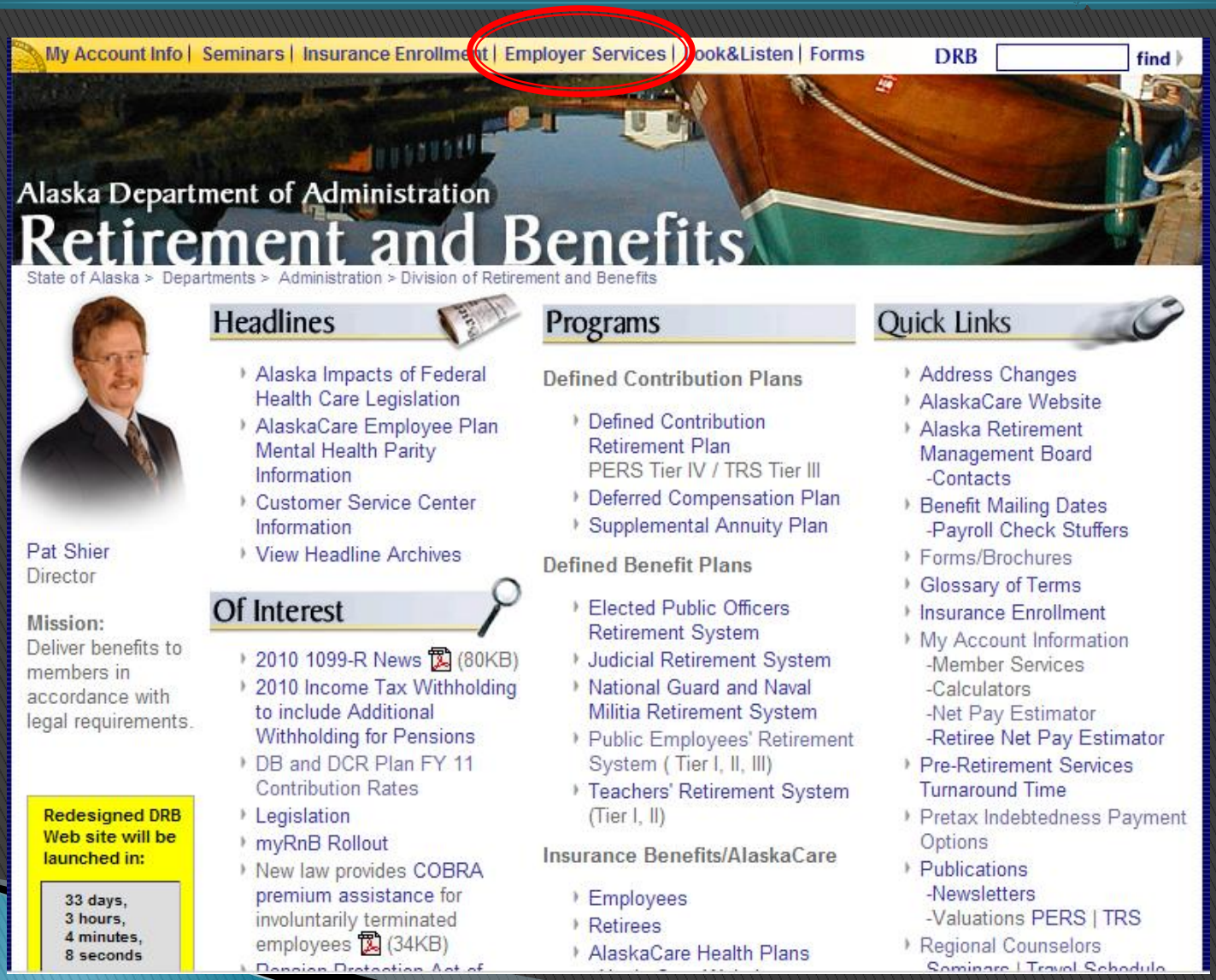
This section is designed to provide step by step slides as examples for new employers needing access to Employer Access (myRnB) and eReporting. You should visit our Retirement & Benefits Web site www.state.ak.us/drb. This web site will provide you with the most recent forms available, Employer Services, Employer Access to members accounts, eReporting, commonly asked questions and much more.

- ✓ **first you must complete a LogonID form:** This form is available on the Employer Services Website, under forms. Its called a LogonID form for political subdivision. You may also call your R&B Payroll representative for a copy of the form.

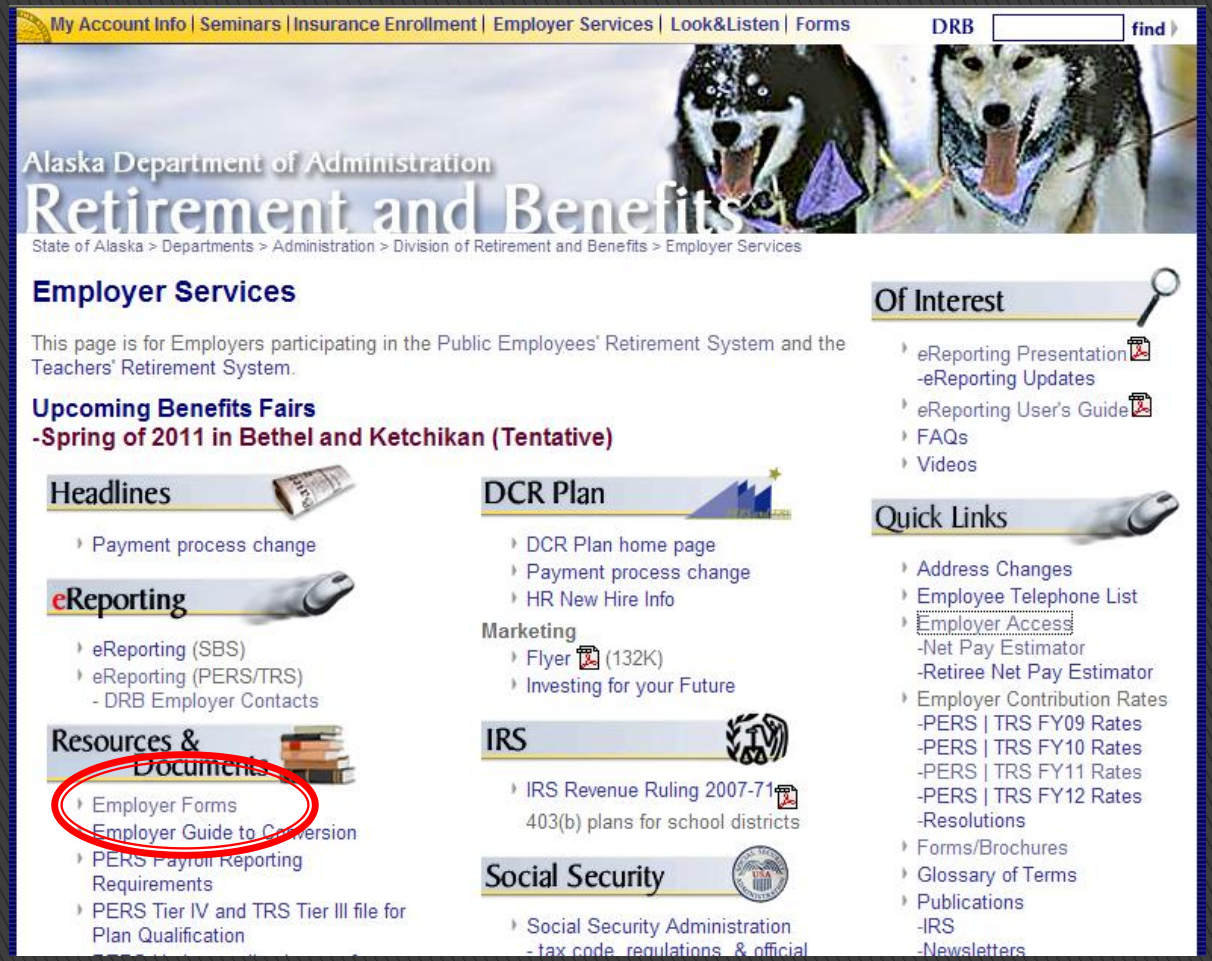
- ✓Once you have completed this form and submitted it to your Employer Contact, they will email you with your Retirement ID number and your Username.

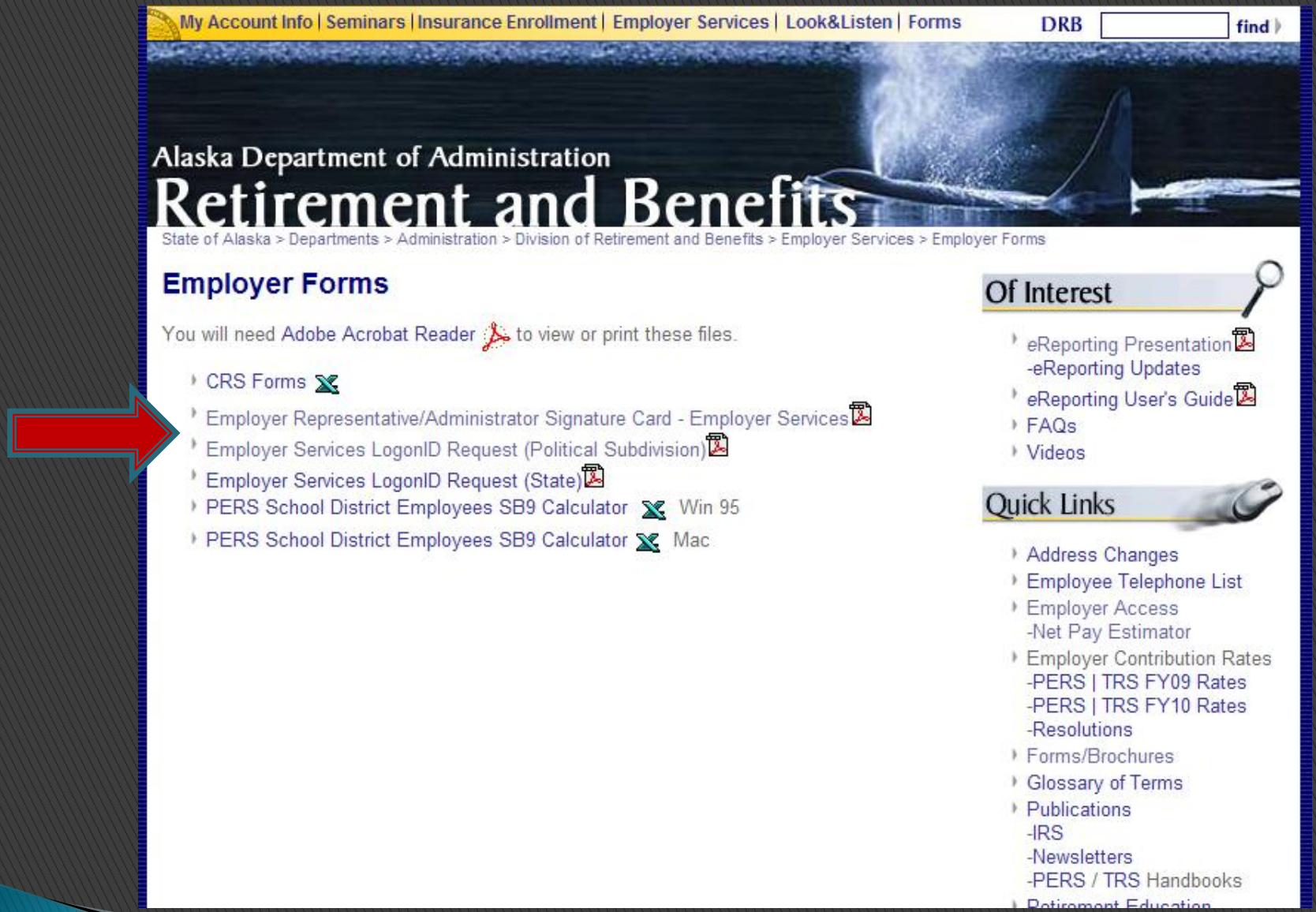
- ✓You will need to create an account with myRnB to have access Employer Access.

Employer Services



Employer Forms

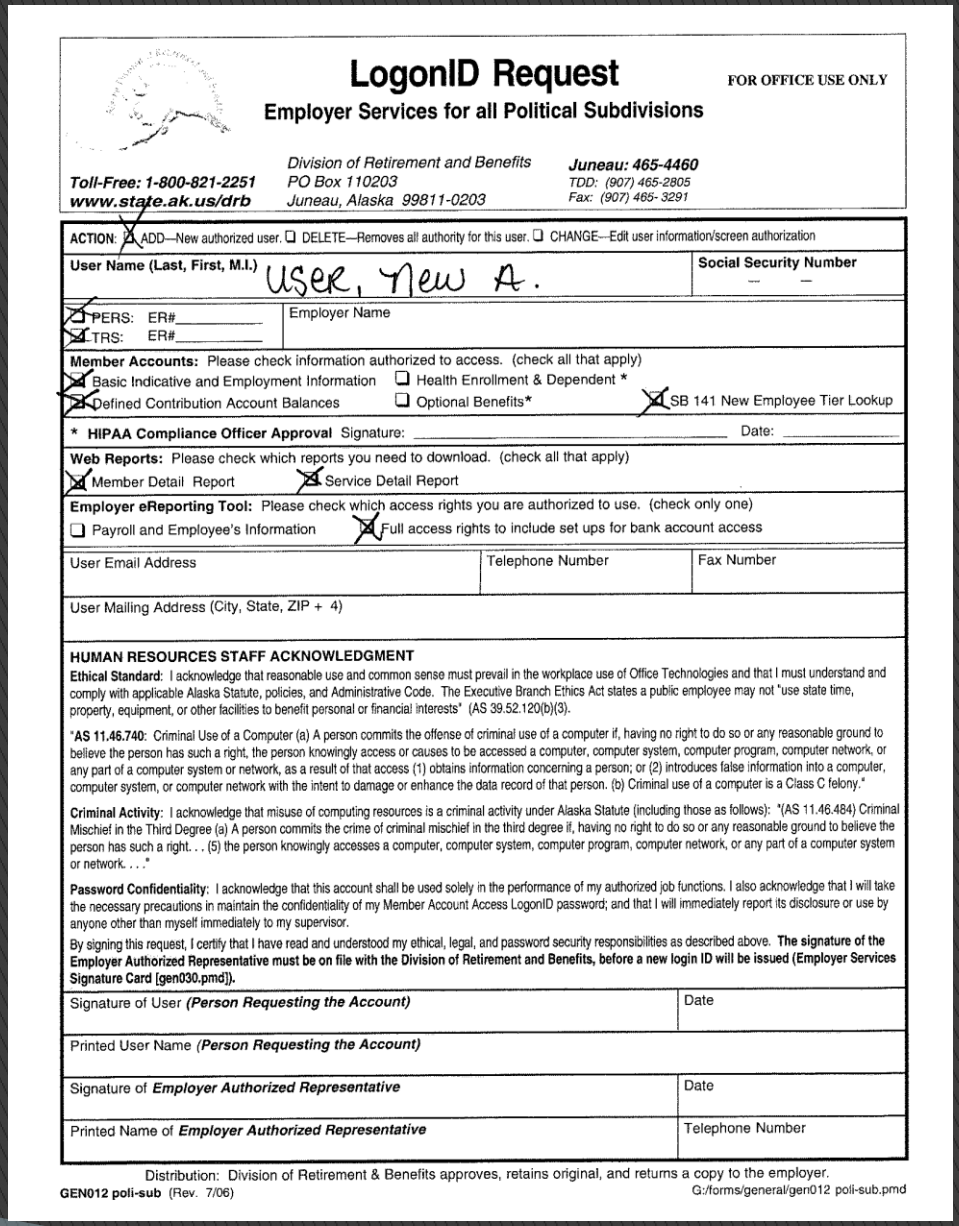



My Account Info | Seminars | Insurance Enrollment | Employer Services | Look&Listen | Forms
DRB
find
Alaska Department of Administration
Retirement and Benefits
State of Alaska > Departments > Administration > Division of Retirement and Benefits > Employer Services > Employer Forms
Employer Forms
You will need Adobe Acrobat Reader to view or print these files.
CRS Forms
Employer Representative/Administrator Signature Card - Employer Services
Employer Services LogonID Request (Political Subdivision)
Employer Services LogonID Request (State)
PERS School District Employees SB9 Calculator Win 95
PERS School District Employees SB9 Calculator Mac
Of Interest
eReporting Presentation
-eReporting Updates
eReporting User's Guide
FAQs
Videos
Quick Links
Address Changes
Employee Telephone List
Employer Access
-Net Pay Estimator
Employer Contribution Rates
-PERS | TRS FY09 Rates
-PERS | TRS FY10 Rates
-Resolutions
Forms/Brochures
Glossary of Terms
Publications
-IRS
-Newsletters
-PERS / TRS Handbooks

LogonID Request Form for Users

The LogonID form must be signed by the new payroll contact and the Employer Representative.

*** DO NOT Share your password and username with anyone. Criminal Activity: by signing the LogonID form you acknowledge that misuse of computing resources is a criminal activity punishable under Alaska Statute AS 11.46.484



LogonID Request

FOR OFFICE USE ONLY

Employer Services for all Political Subdivisions

Toll-Free: 1-800-821-2251
www.state.ak.us/drb

Division of Retirement and Benefits
PO Box 110203
Juneau, Alaska 99811-0203

Juneau: 465-4460
TDD: (907) 465-2805
Fax: (907) 465- 3291

ACTION: ☒ ADD—New authorized user. ☐ DELETE—Removes all authority for this user. ☐ CHANGE—Edit user information/screen authorization

User Name (Last, First, M.I.) User, New A. | **Social Security Number** ___ __ ____

☐ PERS: ER#_____
☒ TRS: ER#_____

Employer Name

Member Accounts: Please check information authorized to access. (check all that apply)
☒ Basic Indicative and Employment Information ☐ Health Enrollment & Dependent *
☒ Defined Contribution Account Balances ☐ Optional Benefits* ☒ SB 141 New Employee Tier Lookup

* **HIPAA Compliance Officer Approval** Signature: _____ Date: _____

Web Reports: Please check which reports you need to download. (check all that apply)
☒ Member Detail Report ☒ Service Detail Report

Employer eReporting Tool: Please check which access rights you are authorized to use. (check only one)
☐ Payroll and Employee's Information ☒ Full access rights to include set ups for bank account access

User Email Address | Telephone Number | Fax Number

User Mailing Address (City, State, ZIP + 4)

HUMAN RESOURCES STAFF ACKNOWLEDGMENT

Ethical Standard: I acknowledge that reasonable use and common sense must prevail in the workplace use of Office Technologies and that I must understand and comply with applicable Alaska Statute, policies, and Administrative Code. The Executive Branch Ethics Act states a public employee may not "use state time, property, equipment, or other facilities to benefit personal or financial interests" (AS 39.52.120(b)(3).

"**AS 11.46.740:** Criminal Use of a Computer (a) A person commits the offense of criminal use of a computer if, having no right to do so or any reasonable ground to believe the person has such a right, the person knowingly access or causes to be accessed a computer, computer system, computer program, computer network, or any part of a computer system or network, as a result of that access (1) obtains information concerning a person; or (2) introduces false information into a computer, computer system, or computer network with the intent to damage or enhance the data record of that person. (b) Criminal use of a computer is a Class C felony."

Criminal Activity: I acknowledge that misuse of computing resources is a criminal activity under Alaska Statute (including those as follows): "(AS 11.46.484) Criminal Mischief in the Third Degree (a) A person commits the crime of criminal mischief in the third degree if, having no right to do so or any reasonable ground to believe the person has such a right. . . (5) the person knowingly accesses a computer, computer system, computer program, computer network, or any part of a computer system or network. . . ."

Password Confidentiality: I acknowledge that this account shall be used solely in the performance of my authorized job functions. I also acknowledge that I will take the necessary precautions in maintain the confidentiality of my Member Account Access LogonID password; and that I will immediately report its disclosure or use by anyone other than myself immediately to my supervisor.

By signing this request, I certify that I have read and understood my ethical, legal, and password security responsibilities as described above. **The signature of the Employer Authorized Representative must be on file with the Division of Retirement and Benefits, before a new login ID will be issued (Employer Services Signature Card [gen030.pmd]).**

Signature of User ***(Person Requesting the Account)*** | Date

Printed User Name ***(Person Requesting the Account)***

Signature of ***Employer Authorized Representative*** | Date

Printed Name of ***Employer Authorized Representative*** | Telephone Number

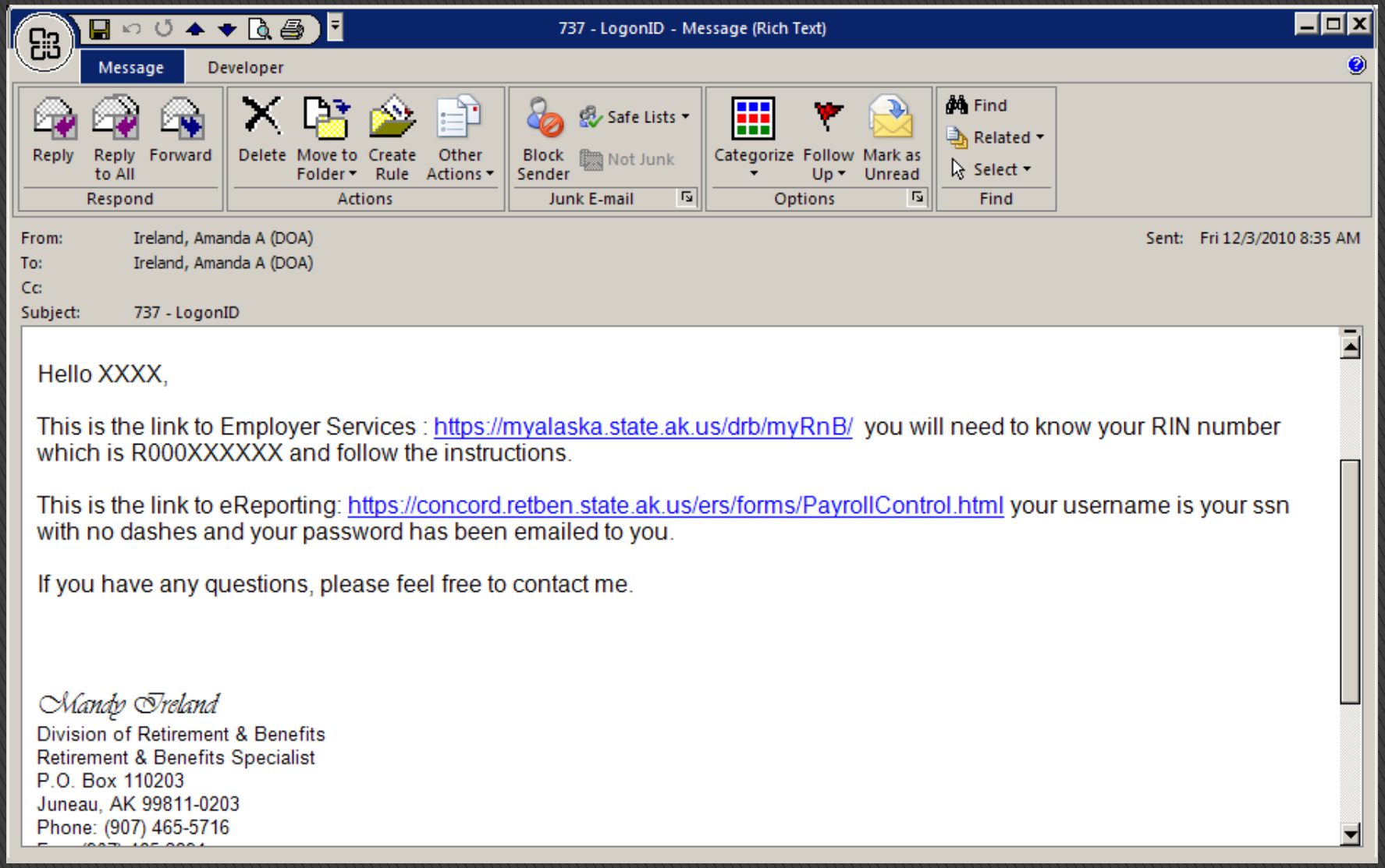
Distribution: Division of Retirement & Benefits approves, retains original, and returns a copy to the employer.

GEN012 poli-sub (Rev. 7/06) G:/forms/general/gen012 poli-sub.pmd

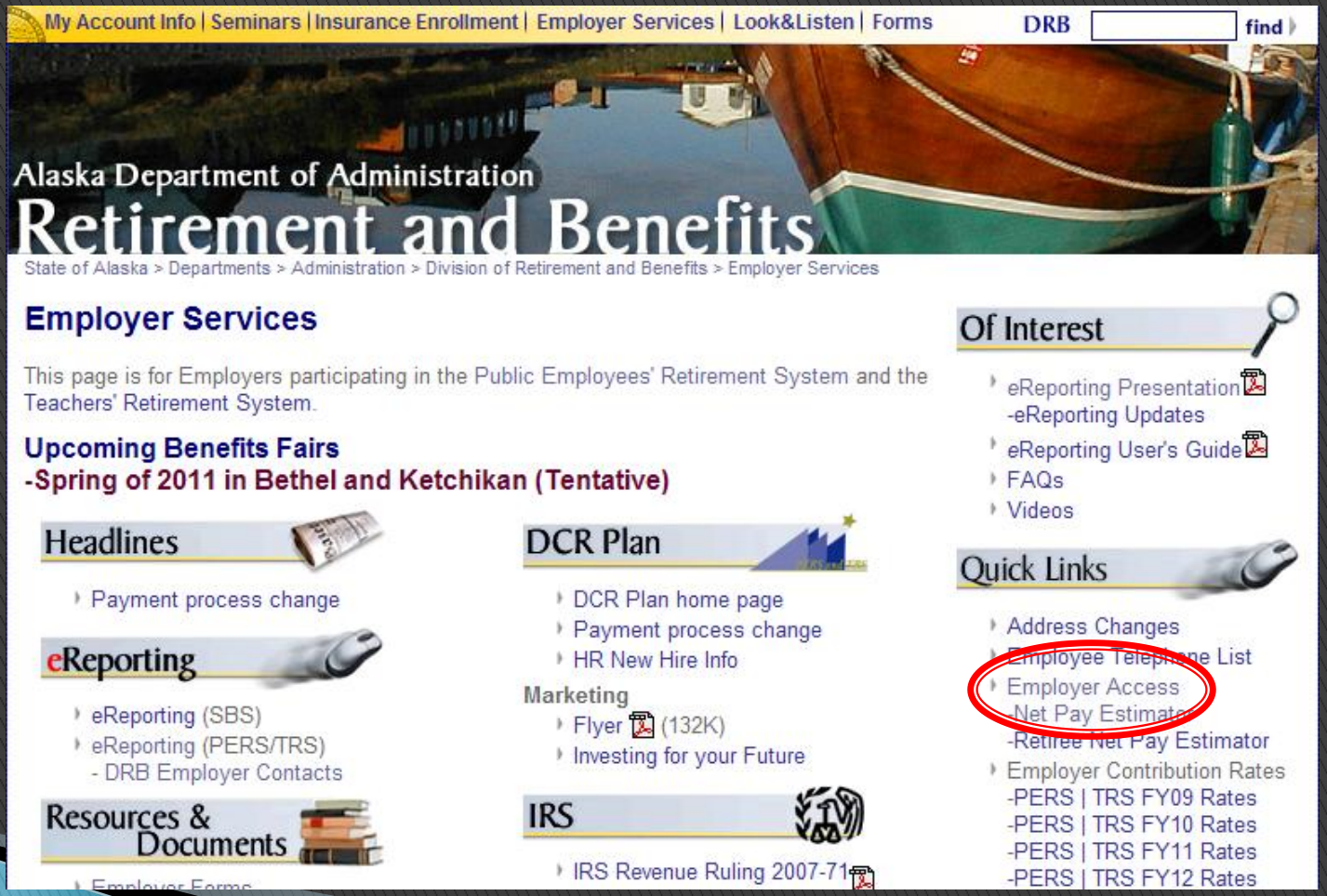
User Rights

What user rights are needed?
Are you Adding, Deleting or Changing a contact?

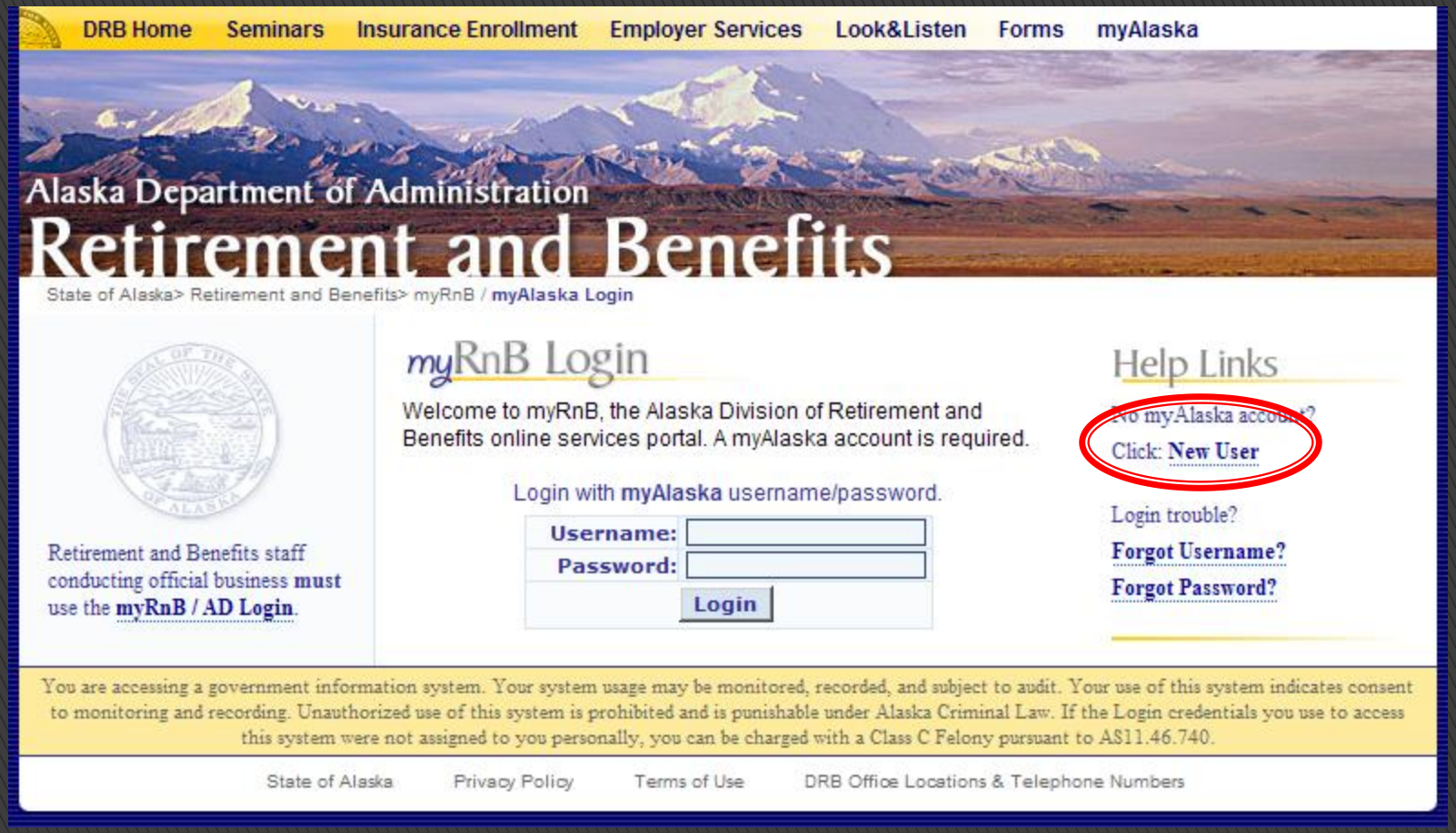
- Member Accounts:
  - Basic Indicative and Employment Information
  - Defined Contribution Account Balances
- Web Reports:
  - Member Detail Report
  - Service Detail Report
- Employer eReporting Tool:
  - Payroll and Employee's Information
  - Full access rights to include set up for bank account access

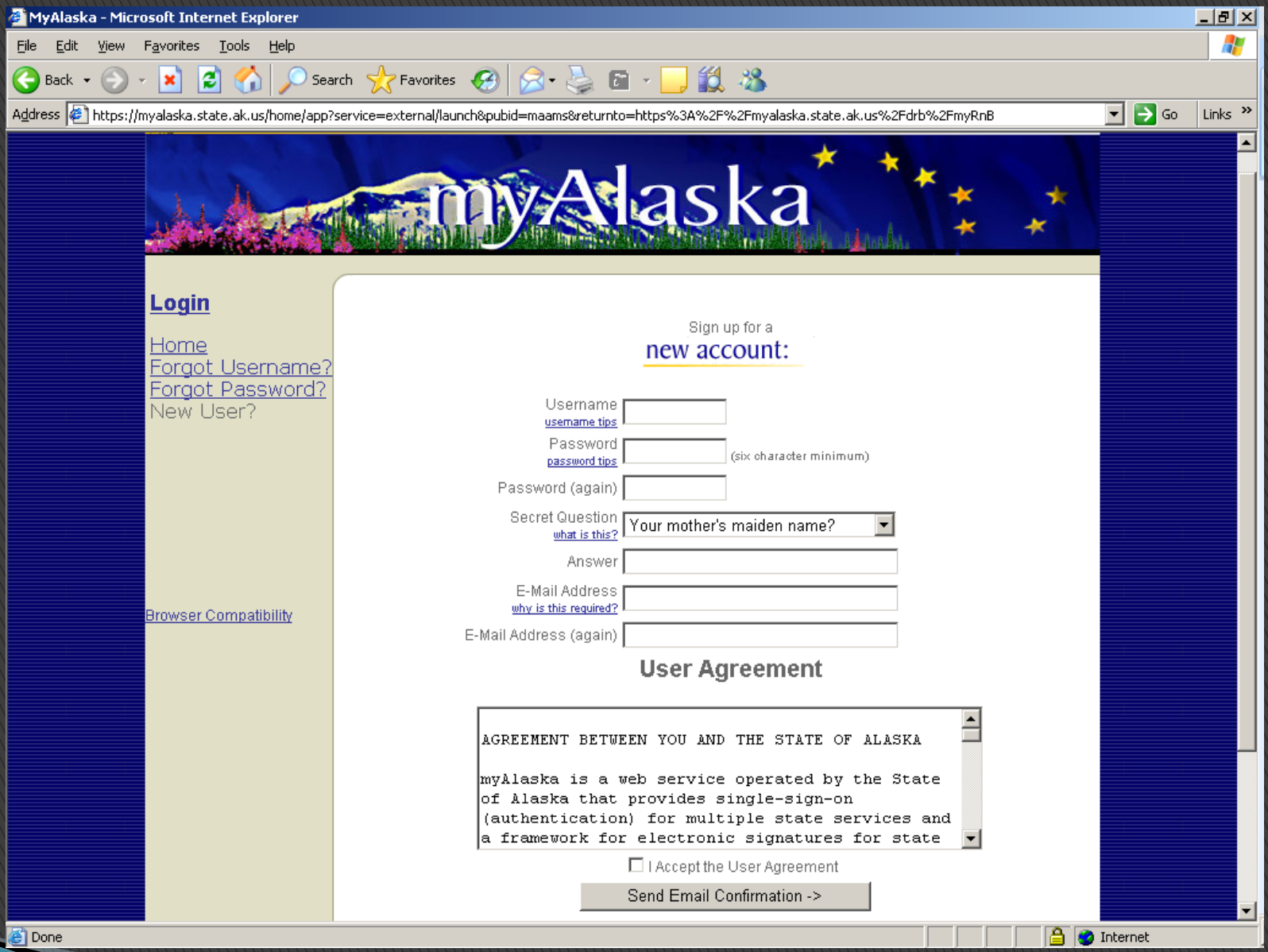

737 - LogonID - Message (Rich Text)
Message
Developer
Reply
Reply to All
Forward
Respond
Delete
Move to Folder
Create Rule
Other Actions
Actions
Block Sender
Safe Lists
Not Junk
Junk E-mail
Categorize
Follow Up
Mark as Unread
Options
Find
Related
Select
Find
From: Ireland, Amanda A (DOA)
To: Ireland, Amanda A (DOA)
Cc:
Subject: 737 - LogonID
Sent: Fri 12/3/2010 8:35 AM
Hello XXXX,
This is the link to Employer Services : https://myalaska.state.ak.us/drb/myRnB/ you will need to know your RIN number which is R000XXXXXX and follow the instructions.
This is the link to eReporting: https://concord.retben.state.ak.us/ers/forms/PayrollControl.html your username is your ssn with no dashes and your password has been emailed to you.
If you have any questions, please feel free to contact me.
Mandy Ireland
Division of Retirement & Benefits
Retirement & Benefits Specialist
P.O. Box 110203
Juneau, AK 99811-0203
Phone: (907) 465-5716

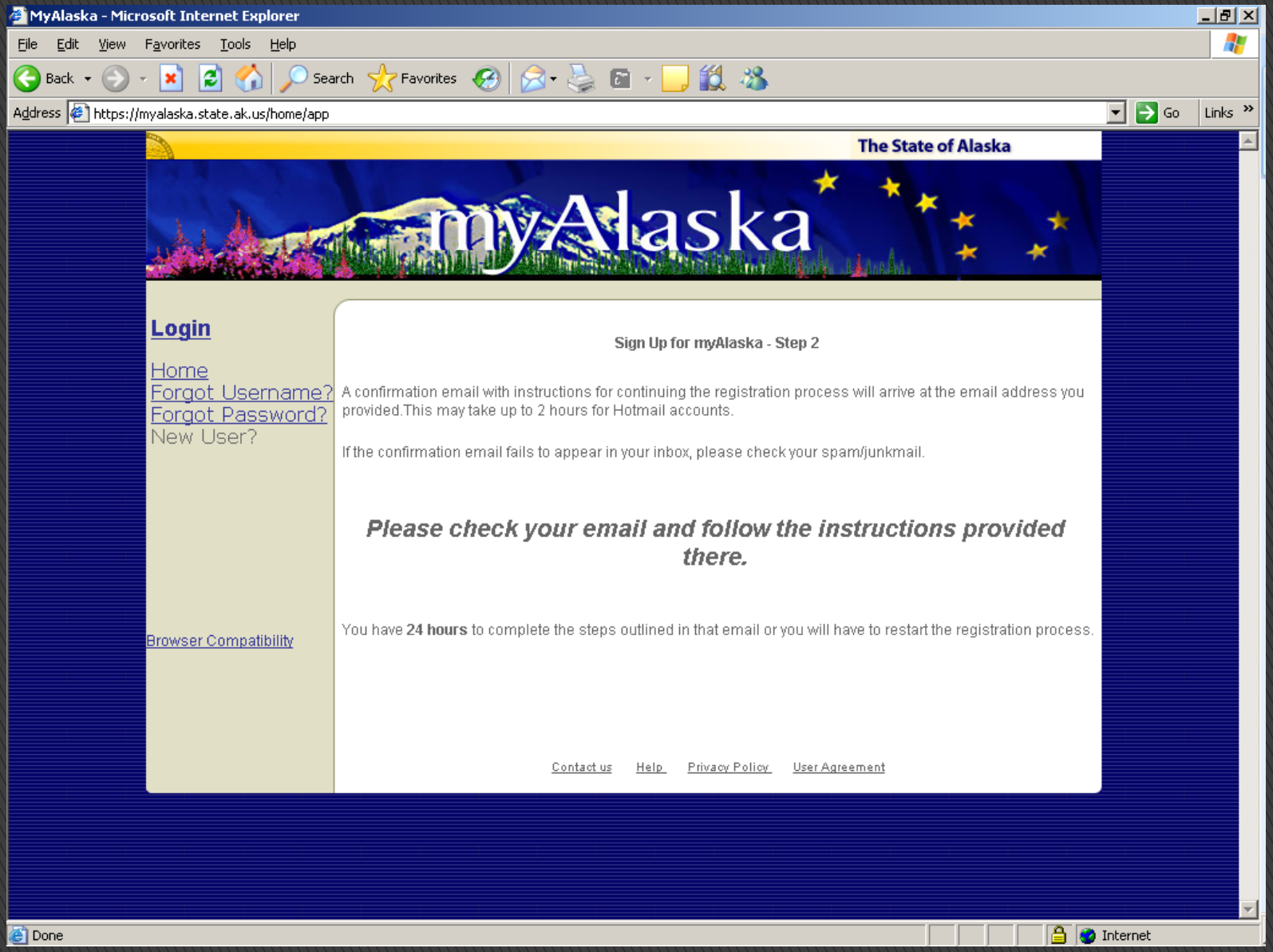
Overview of available tools in Employer Access



Employer Account Access Logon




MyAlaska - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://myalaska.state.ak.us/home/app?service=external/launch&pubid=maams&returnto=https%3A%2F%2Fmyalaska.state.ak.us%2Fdrb%2FmyRnB
Go Links
myAlaska
Login
Home
Forgot Username?
Forgot Password?
New User?
Browser Compatibility
Sign up for a
new account:
Username
username tips
Password
password tips
(six character minimum)
Password (again)
Secret Question
what is this?
Your mother's maiden name?
Answer
E-Mail Address
why is this required?
E-Mail Address (again)
User Agreement
AGREEMENT BETWEEN YOU AND THE STATE OF ALASKA
myAlaska is a web service operated by the State of Alaska that provides single-sign-on (authentication) for multiple state services and a framework for electronic signatures for state
I Accept the User Agreement
Send Email Confirmation ->
Done
Internet


MyAlaska - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://myalaska.state.ak.us/home/app
Go Links
The State of Alaska
myAlaska
Login
Home
Forgot Username?
Forgot Password?
New User?
Browser Compatibility
Sign Up for myAlaska - Step 2
A confirmation email with instructions for continuing the registration process will arrive at the email address you provided.This may take up to 2 hours for Hotmail accounts.
If the confirmation email fails to appear in your inbox, please check your spam/junkmail.
Please check your email and follow the instructions provided there.
You have 24 hours to complete the steps outlined in that email or you will have to restart the registration process.
Contact us Help Privacy Policy User Agreement
Done
Internet

From: myalaska@admin.state.ak.us [mailto:myalaska@admin.state.ak.us]
Sent: Wednesday, December 01, 2010 1:43 PM
To: Your Email address
Subject: Continue with myAlaska Registration Step 2

This message was sent to you by a computer program, DO NOT REPLY to this message.

Please verify your email address by clicking on the following link WITHIN 24 HOURS of registration:

https://myalaska.state.ak.us/home/t=FB5205C7891F

If you do not confirm your email address by visiting the above link during the NEXT 24 HOURS you will have to restart the myAlaska registration process.

Once your email address has been confirmed, https://myalaska.state.ak.us/home provides access to all myAlaska services.

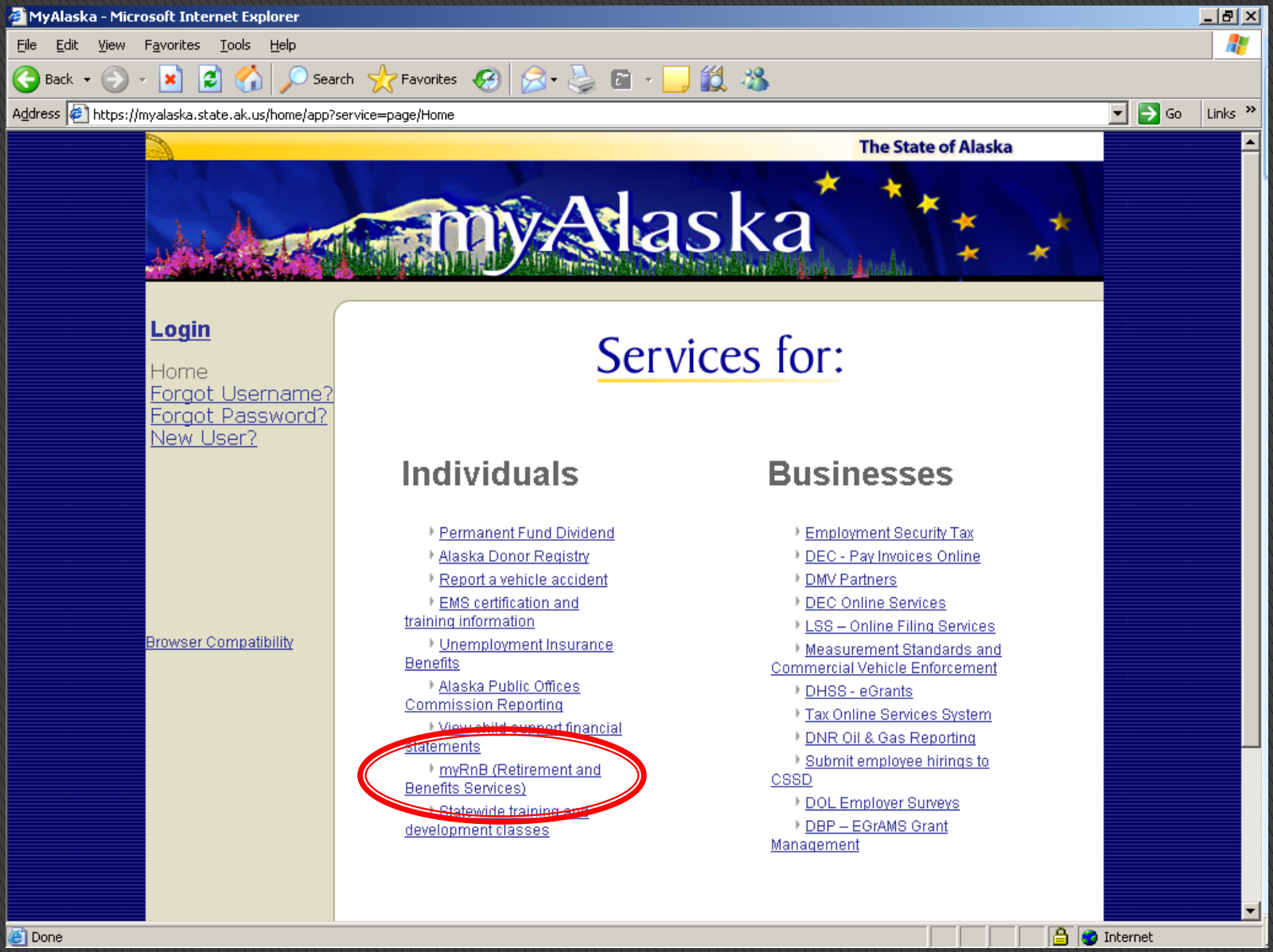
The Username that you selected is stacy621. Please note the Username for your records.

It is very important that the email address stored in your myAlaska profile is current.

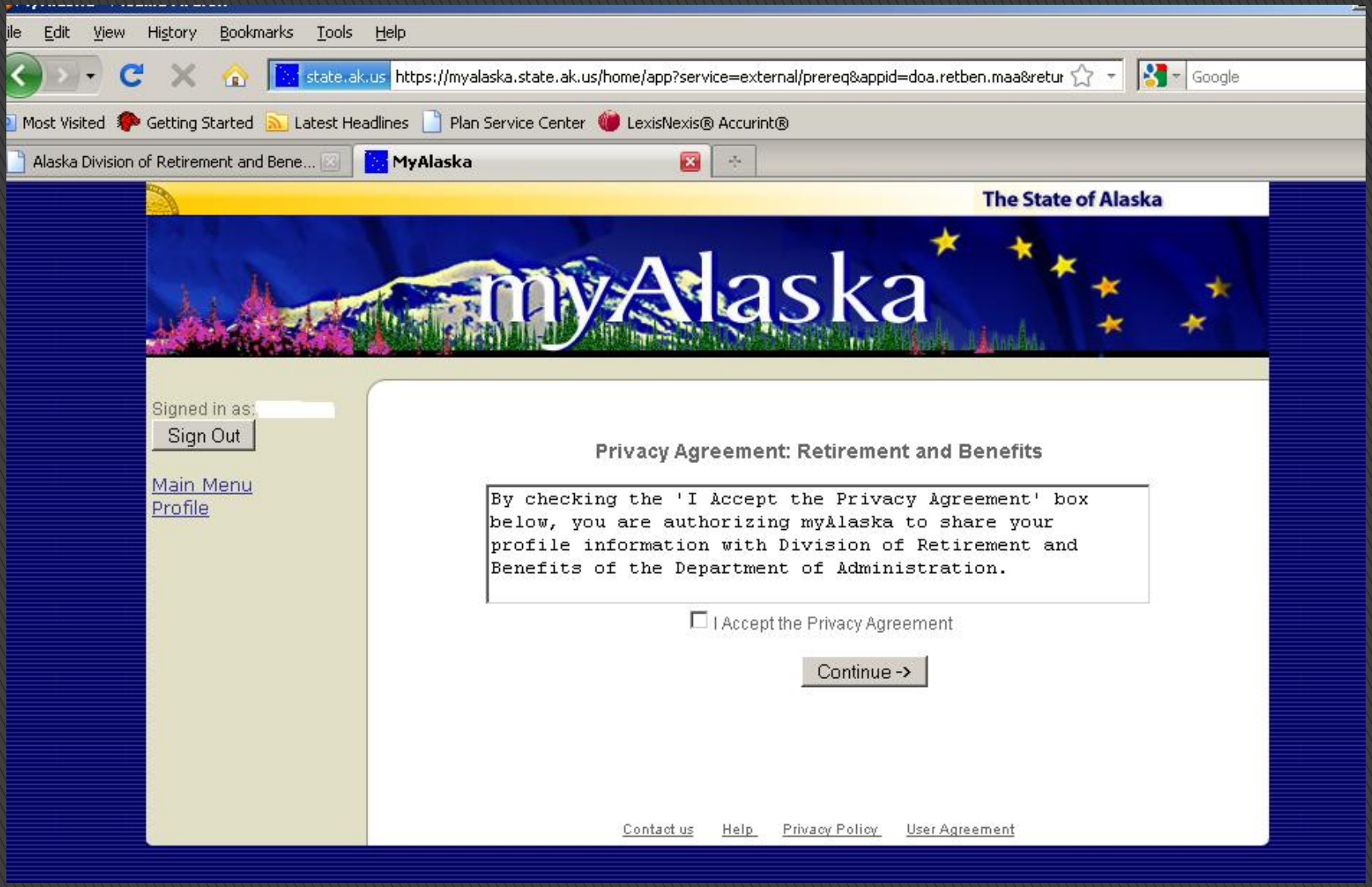
No unsolicited email will be sent to you from myAlaska, and myAlaska will not share your email address with other parties without your authorization.

The MyAlaska Team

For myAlaska Registration Assistance In Anchorage: 1-907-269-6311 In Fairbanks: 1-907-451-5911 In Juneau: 1-907-465-5211 Email: myAlaska@alaska.gov


MyAlaska - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://myalaska.state.ak.us/home/app?service=page/Home
Go Links
The State of Alaska
myAlaska
Login
Home
Forgot Username?
Forgot Password?
New User?
Browser Compatibility
Services for:
Individuals
Permanent Fund Dividend
Alaska Donor Registry
Report a vehicle accident
EMS certification and training information
Unemployment Insurance Benefits
Alaska Public Offices Commission Reporting
View child support financial statements
myRnB (Retirement and Benefits Services)
Statewide training and development classes
Businesses
Employment Security Tax
DEC - Pay Invoices Online
DMV Partners
DEC Online Services
LSS – Online Filing Services
Measurement Standards and Commercial Vehicle Enforcement
DHSS - eGrants
Tax Online Services System
DNR Oil & Gas Reporting
Submit employee hirings to CSSD
DOL Employer Surveys
DBP – EGrAMS Grant Management
Done
Internet

The State of Alaska
myAlaska
Login
Home
Forgot Username?
Forgot Password?
New User?
Browser Compatibility
confirm enrollment:
Welcome
Your arrival at this page has confirmed your email address.
Enter your password again to continue the myAlaska registration process.
Password
Completing your registration will establish your myAlaska identity. After you have done that, you will be able to conduct your business with the State of Alaska electronically!
Click Here to Continue
Contact us
Help
Privacy Policy
User Agreement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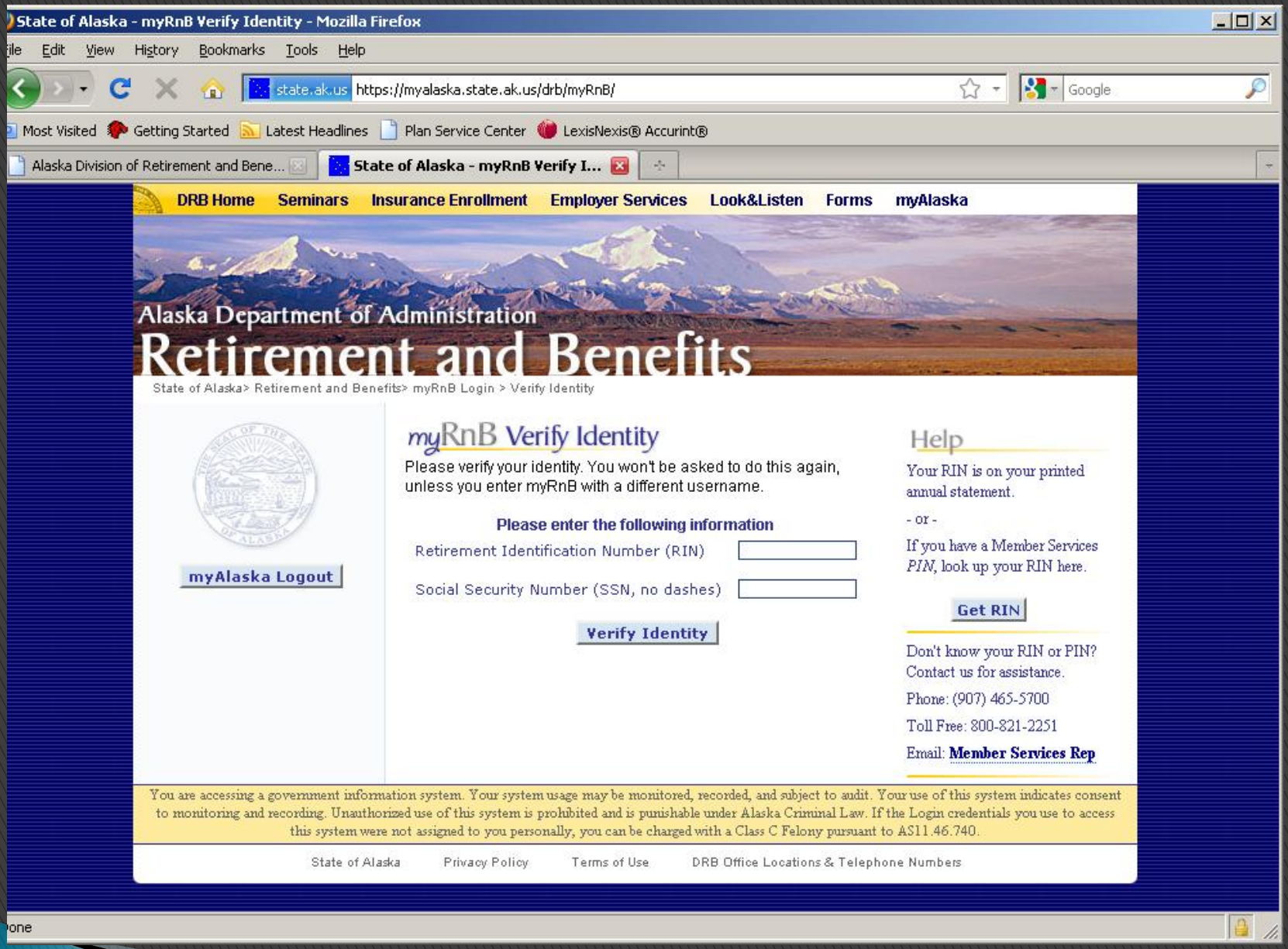
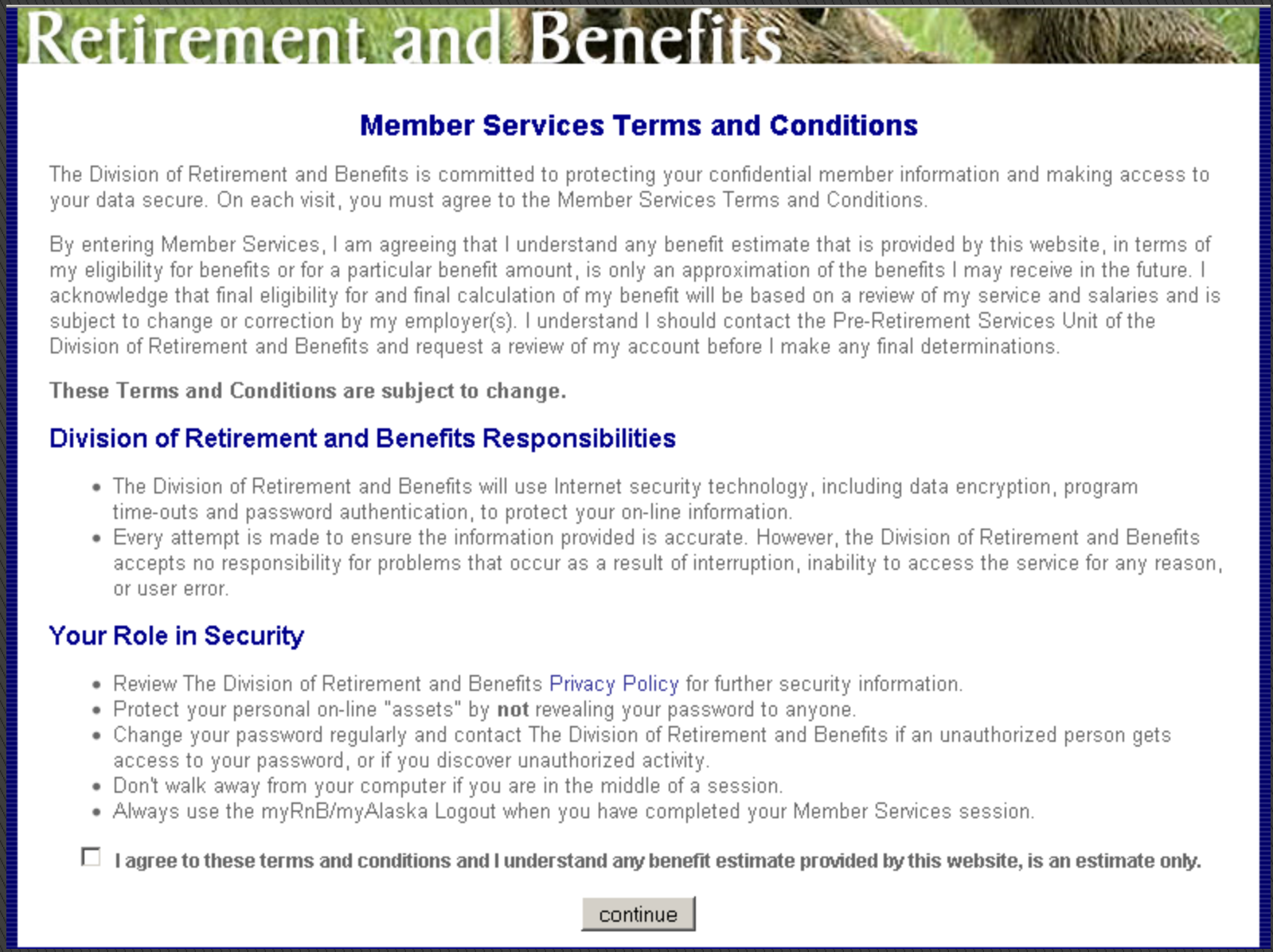
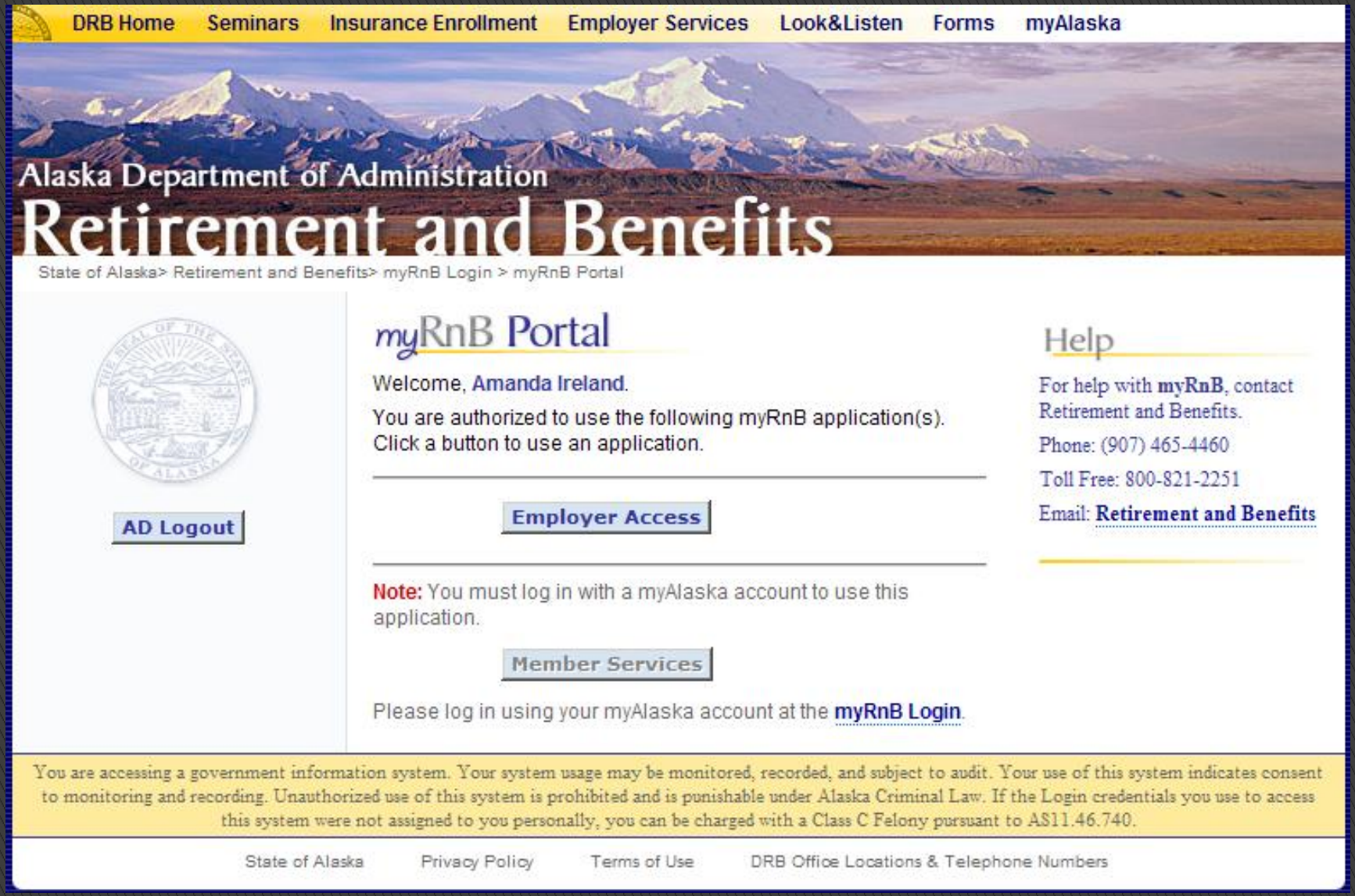
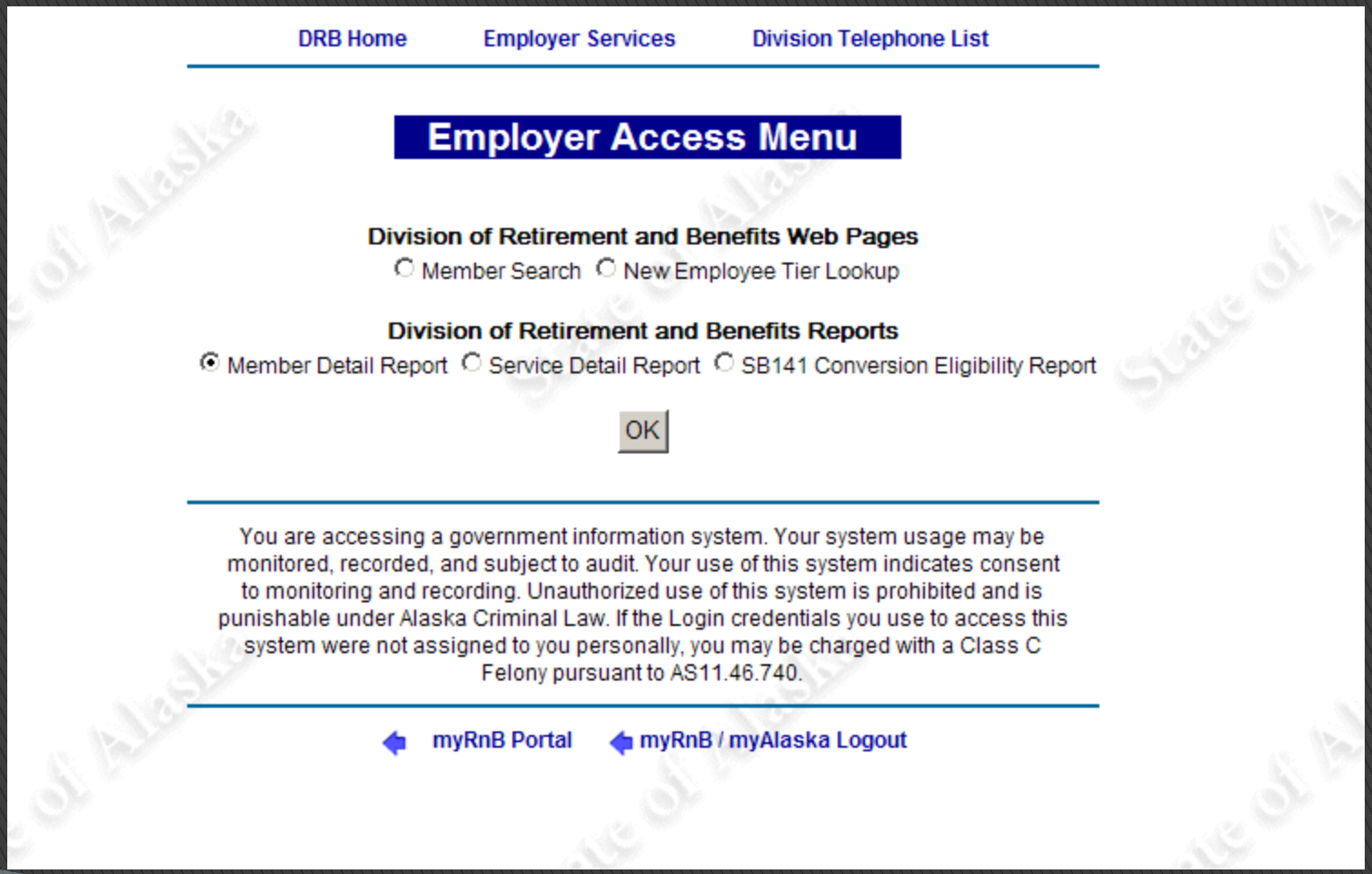
state.ak.us https://myalaska.state.ak.us/home/app?service=external/prereq&appid=doa.retben.maa&retur
Google
Most Visited Getting Started Latest Headlines Plan Service Center LexisNexis® Accurint®
Alaska Division of Retirement and Bene...
MyAlaska
The State of Alaska
myAlaska
Signed in as:
Sign Out
Main Menu
Profile
Privacy Agreement: Retirement and Benefits
By checking the 'I Accept the Privacy Agreement' box below, you are authorizing myAlaska to share your profile information with Division of Retirement and Benefits of the Department of Administration.
I Accept the Privacy Agreement
Continue ->
Contact us
Help
Privacy Policy
User Agreement


State of Alaska - myRnB Verify Identity - Mozilla Firefox
File Edit View History Bookmarks Tools Help
state.ak.us https://myalaska.state.ak.us/drb/myRnB/
Google
Most Visited Getting Started Latest Headlines Plan Service Center LexisNexis® Accurint®
Alaska Division of Retirement and Bene...
State of Alaska - myRnB Verify I...
DRB Home Seminars Insurance Enrollment Employer Services Look&Listen Forms myAlaska
Alaska Department of Administration
Retirement and Benefits
State of Alaska> Retirement and Benefits> myRnB Login > Verify Identity
myAlaska Logout
myRnB Verify Identity
Please verify your identity. You won't be asked to do this again, unless you enter myRnB with a different username.
Please enter the following information
Retirement Identification Number (RIN)
Social Security Number (SSN, no dashes)
Verify Identity
Help
Your RIN is on your printed annual statement.
- or -
If you have a Member Services PIN, look up your RIN here.
Get RIN
Don't know your RIN or PIN? Contact us for assistance.
Phone: (907) 465-5700
Toll Free: 800-821-2251
Email: Member Services Rep
You are accessing a government information system. Your system usage may be monitored, recorded, and subject to audit. Your use of this system indicates consent to monitoring and recording. Unauthorized use of this system is prohibited and is punishable under Alaska Criminal Law. If the Login credentials you use to access this system were not assigned to you personally, you can be charged with a Class C Felony pursuant to AS11.46.740.
State of Alaska Privacy Policy Terms of Use DRB Office Locations & Telephone Numbers
Done


Retirement and Benefits
Member Services Terms and Conditions
The Division of Retirement and Benefits is committed to protecting your confidential member information and making access to your data secure. On each visit, you must agree to the Member Services Terms and Conditions.
By entering Member Services, I am agreeing that I understand any benefit estimate that is provided by this website, in terms of my eligibility for benefits or for a particular benefit amount, is only an approximation of the benefits I may receive in the future. I acknowledge that final eligibility for and final calculation of my benefit will be based on a review of my service and salaries and is subject to change or correction by my employer(s). I understand I should contact the Pre-Retirement Services Unit of the Division of Retirement and Benefits and request a review of my account before I make any final determinations.
These Terms and Conditions are subject to change.
Division of Retirement and Benefits Responsibilities
The Division of Retirement and Benefits will use Internet security technology, including data encryption, program time-outs and password authentication, to protect your on-line information.
Every attempt is made to ensure the information provided is accurate. However, the Division of Retirement and Benefits accepts no responsibility for problems that occur as a result of interruption, inability to access the service for any reason, or user error.
Your Role in Security
Review The Division of Retirement and Benefits Privacy Policy for further security information.
Protect your personal on-line "assets" by not revealing your password to anyone.
Change your password regularly and contact The Division of Retirement and Benefits if an unauthorized person gets access to your password, or if you discover unauthorized activity.
Don't walk away from your computer if you are in the middle of a session.
Always use the myRnB/myAlaska Logout when you have completed your Member Services session.
I agree to these terms and conditions and I understand any benefit estimate provided by this website, is an estimate only.
continue

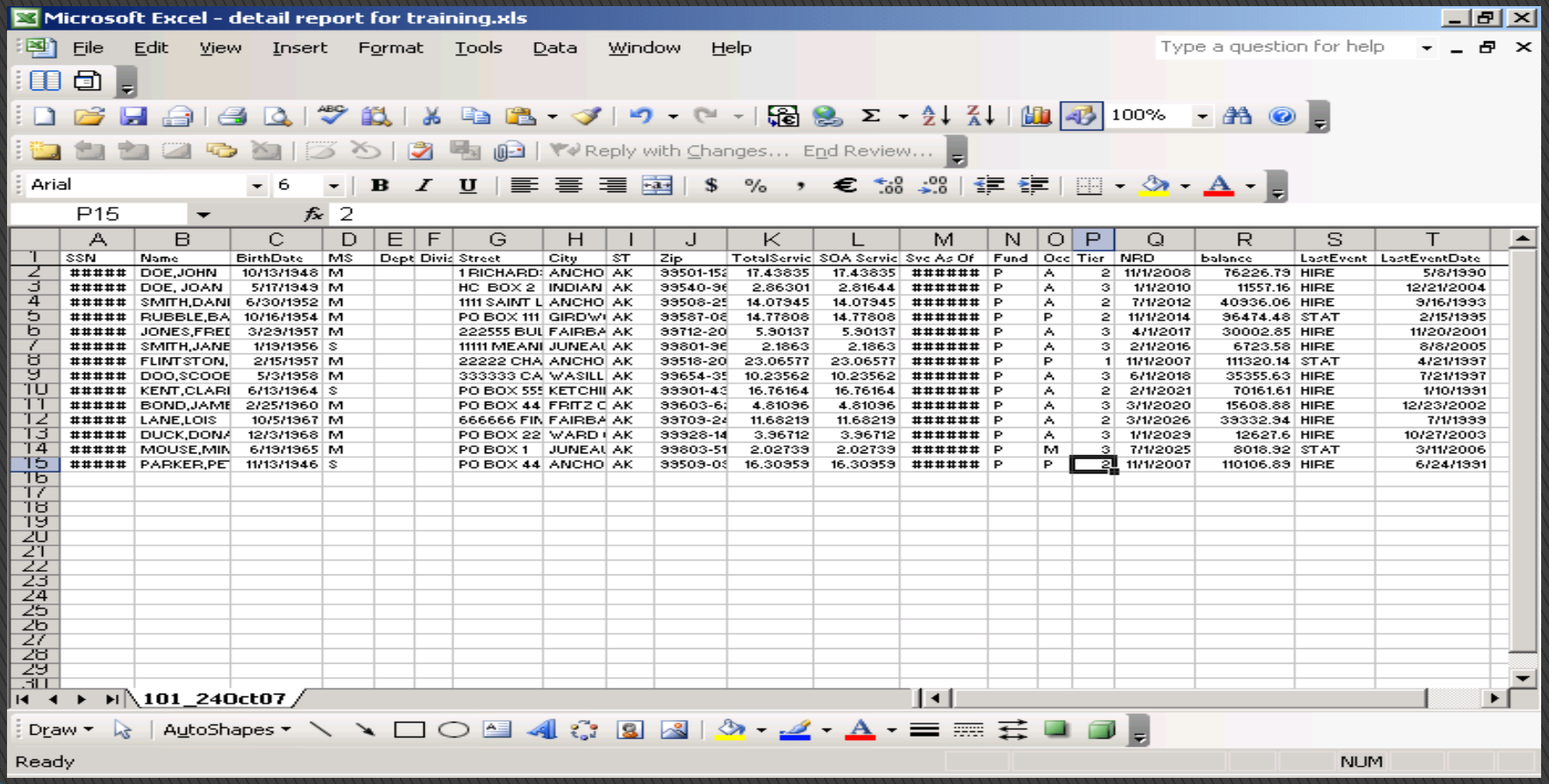

DRB Home
Seminars
Insurance Enrollment
Employer Services
Look&Listen
Forms
myAlaska
Alaska Department of Administration
Retirement and Benefits
State of Alaska> Retirement and Benefits> myRnB Login > myRnB Portal
AD Logout
myRnB Portal
Welcome, Amanda Ireland.
You are authorized to use the following myRnB application(s).
Click a button to use an application.
Employer Access
Note: You must log in with a myAlaska account to use this application.
Member Services
Please log in using your myAlaska account at the myRnB Login.
Help
For help with myRnB, contact Retirement and Benefits.
Phone: (907) 465-4460
Toll Free: 800-821-2251
Email: Retirement and Benefits
You are accessing a government information system. Your system usage may be monitored, recorded, and subject to audit. Your use of this system indicates consent to monitoring and recording. Unauthorized use of this system is prohibited and is punishable under Alaska Criminal Law. If the Login credentials you use to access this system were not assigned to you personally, you can be charged with a Class C Felony pursuant to AS11.46.740.
State of Alaska
Privacy Policy
Terms of Use
DRB Office Locations & Telephone Numbers

Employer Account Access Logon



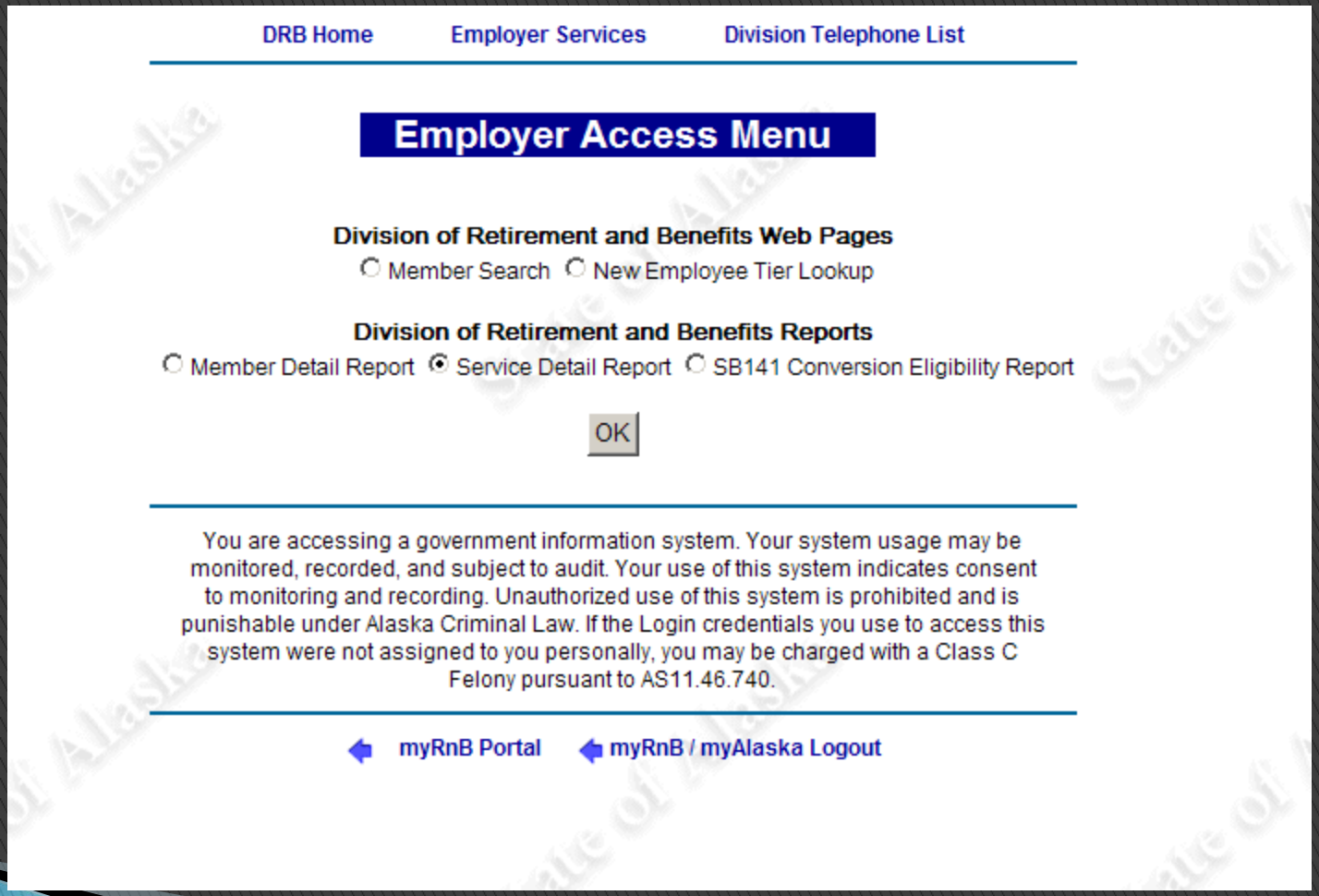
Member Detail Report Download
doing the proc Begin report generation: ...
Report Identification Code: "SB141 Conversion Eligibility Report"
(Please refer to this code when speaking to a Retirement and Benefits representitive regarding a problem with this page.)
Please continue to WAIT while the web server generates the report...
Your spreadsheet-compatible file is here...
Retirement & Benefits Home Page
Contact our Webmaster regarding this web site.
Click on this link to view your report

Member Detail Report

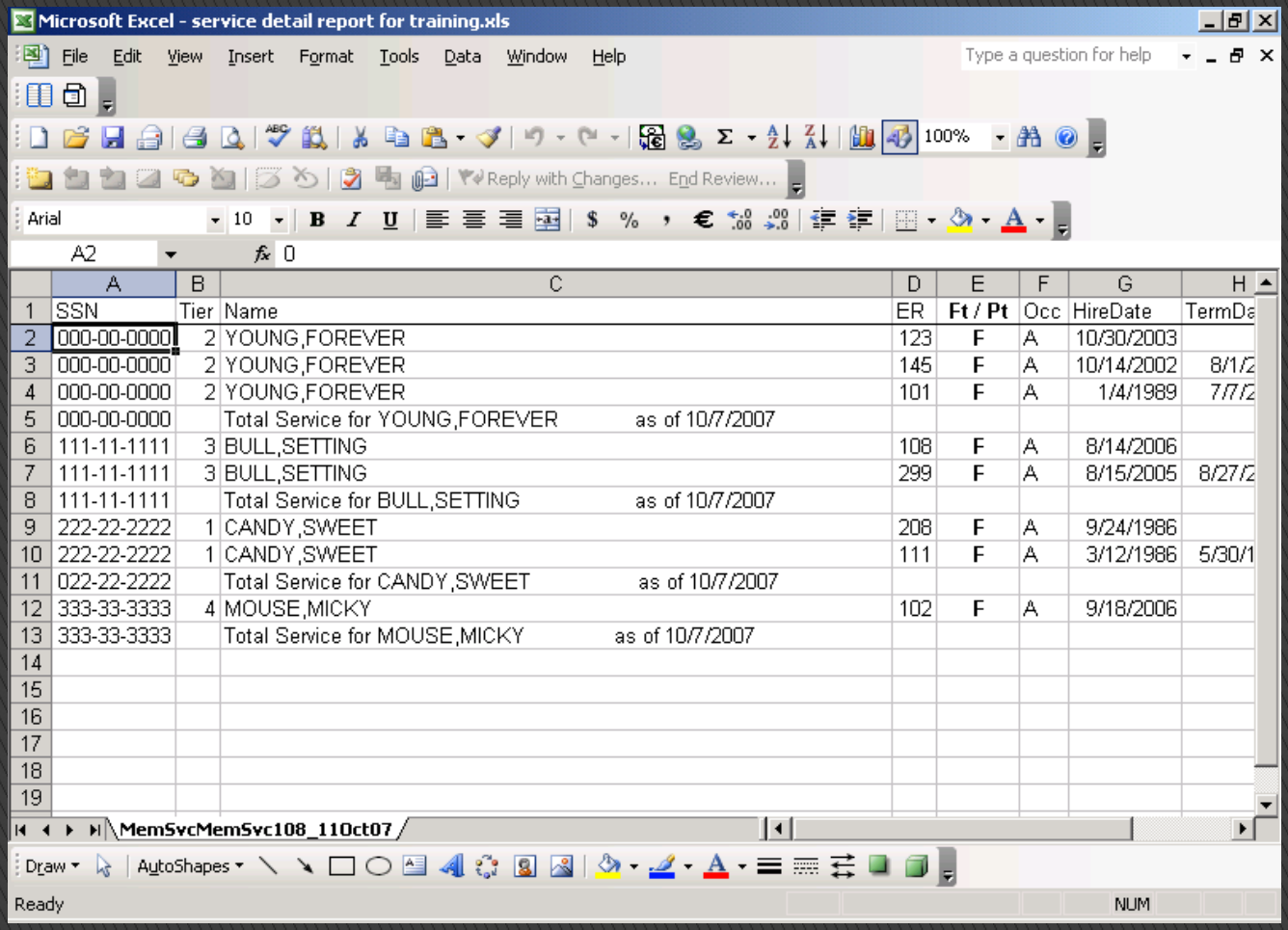


	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	SSN	Name	BirthDate	MS	Dept	Divi	Street	City	ST	Zip	TotalServic	SOA Servic	Svc As Of	Fund	Occ	Tier	NRD	balance	LastEvent	LastEventDate
2	#####	DOE,JOHN	10/13/1948	M			1 RICHARD	ANCHO	AK	99501-152	17.43835	17.43835	######	P	A	2	11/1/2008	76226.79	HIRE	5/8/1930
3	#####	DOE, JOAN	5/17/1949	M			HC BOX 2	INDIAN	AK	99540-96	2.86301	2.81644	######	P	A	3	1/1/2010	11557.16	HIRE	12/21/2004
4	#####	SMITH,DANI	6/30/1952	M			1111 SAINT L	ANCHO	AK	99508-25	14.07945	14.07945	######	P	A	2	7/1/2012	40936.06	HIRE	9/16/1993
5	#####	RUBBLE,BA	10/16/1954	M			PO BOX 111	GIRDW	AK	99587-08	14.77808	14.77808	######	P	P	2	11/1/2014	36474.48	STAT	2/15/1995
6	#####	JONES,FRED	3/29/1957	M			222555 BUL	FAIRBA	AK	99712-20	5.90137	5.90137	######	P	A	3	4/1/2017	30002.85	HIRE	11/20/2001
7	#####	SMITH,JANE	1/19/1956	S			11111 MEANI	JUNEAU	AK	99801-96	2.1863	2.1863	######	P	A	3	2/1/2016	6723.58	HIRE	8/8/2005
8	#####	FLINTSTON,	2/15/1957	M			22222 CHA	ANCHO	AK	99518-20	23.06577	23.06577	######	P	P	1	11/1/2007	111320.14	STAT	4/21/1997
9	#####	DOO,SCOOE	5/3/1958	M			333333 CA	WASILL	AK	99654-35	10.23562	10.23562	######	P	A	3	6/1/2018	35355.63	HIRE	7/21/1997
10	#####	KENT,CLARI	6/13/1964	S			PO BOX 555	KETCHI	AK	99901-43	16.76164	16.76164	######	P	A	2	2/1/2021	70161.61	HIRE	1/10/1991
11	#####	BOND,JAME	2/25/1960	M			PO BOX 44	FRITZ C	AK	99603-6	4.81096	4.81096	######	P	A	3	3/1/2020	15608.88	HIRE	12/23/2002
12	#####	LANE,LOIS	10/5/1967	M			666666 FIN	FAIRBA	AK	99709-24	11.68219	11.68219	######	P	A	2	3/1/2026	39332.94	HIRE	7/1/1999
13	#####	DUCK,DONA	12/3/1968	M			PO BOX 22	WARD	AK	99928-14	3.36712	3.36712	######	P	A	3	1/1/2029	12627.6	HIRE	10/27/2003
14	#####	MOUSE,MIN	6/19/1965	M			PO BOX 1	JUNEAU	AK	99803-51	2.02739	2.02739	######	P	M	3	7/1/2025	8018.92	STAT	3/11/2006
15	#####	PARKER,PE	11/13/1946	S			PO BOX 44	ANCHO	AK	99509-03	16.30959	16.30959	######	P	P	2	11/1/2007	110106.89	HIRE	6/24/1991

Service Detail Report



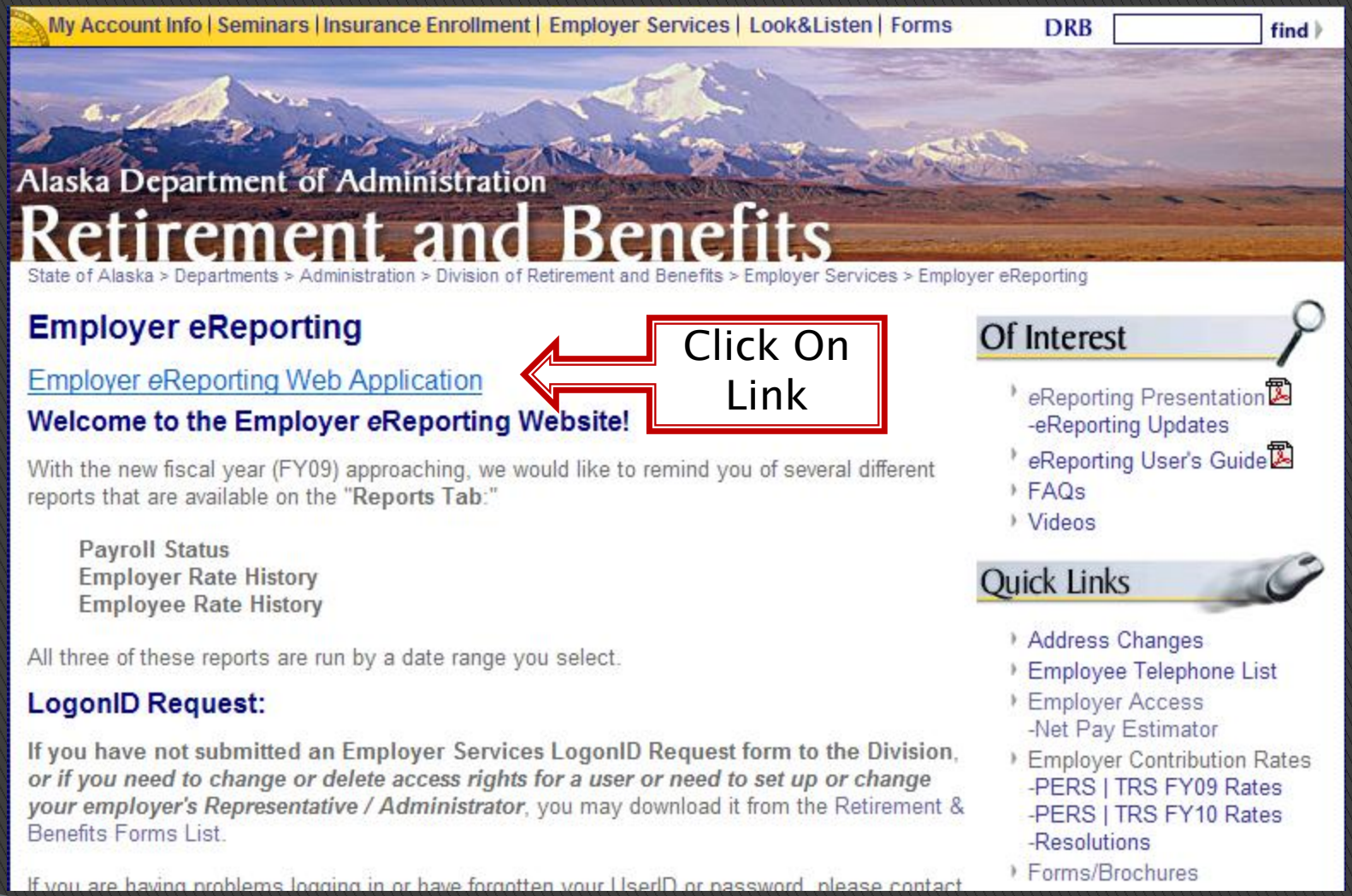
Service Detail Report



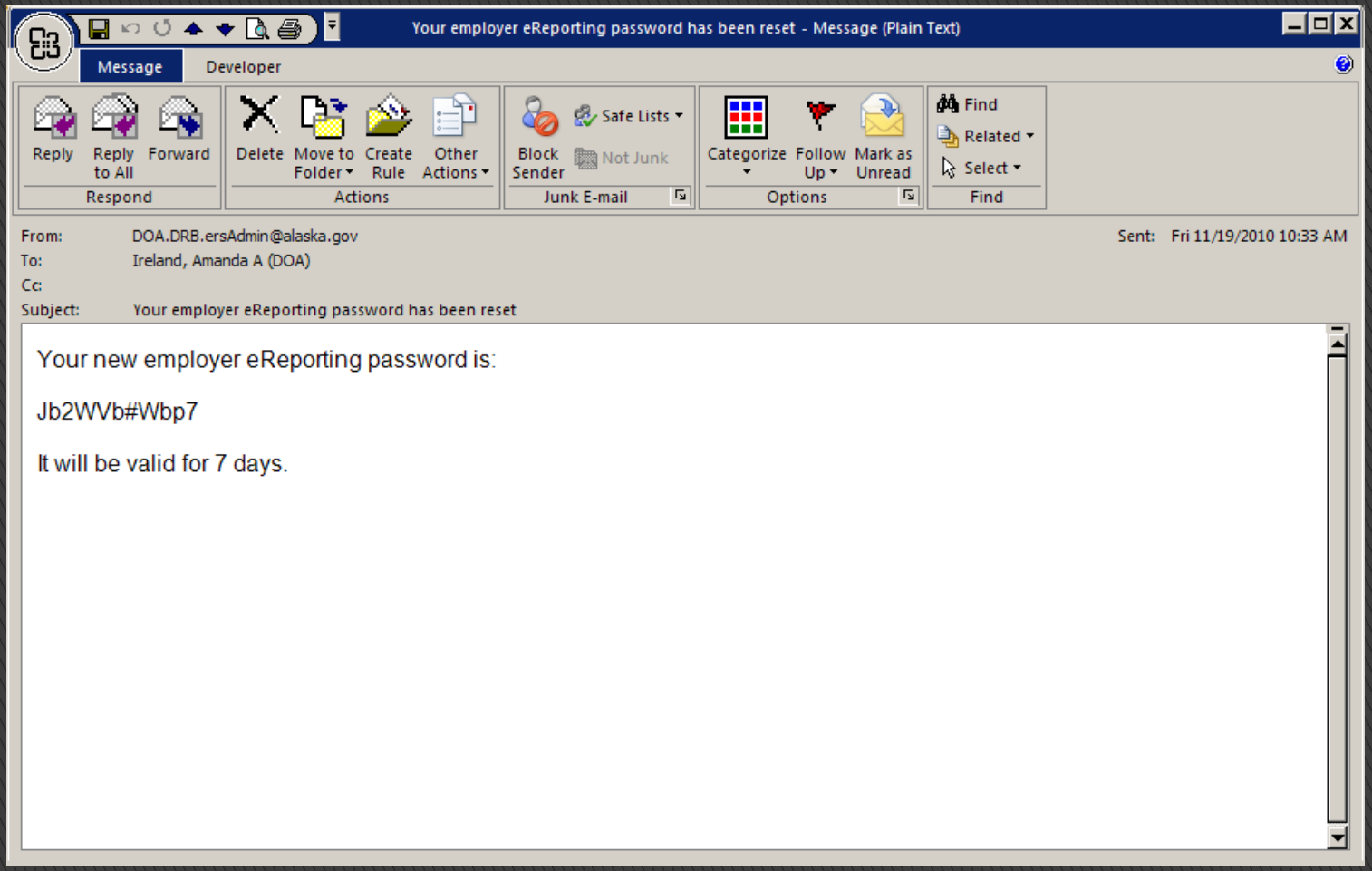
	A	B	C	D	E	F	G	H
1	SSN	Tier	Name	ER	Ft / Pt	Occ	HireDate	TermDa
2	000-00-0000	2	YOUNG,FOREVER	123	F	A	10/30/2003	
3	000-00-0000	2	YOUNG,FOREVER	145	F	A	10/14/2002	8/1/2
4	000-00-0000	2	YOUNG,FOREVER	101	F	A	1/4/1989	7/7/2
5	000-00-0000		Total Service for YOUNG,FOREVER as of 10/7/2007					
6	111-11-1111	3	BULL,SETTING	108	F	A	8/14/2006	
7	111-11-1111	3	BULL,SETTING	299	F	A	8/15/2005	8/27/2
8	111-11-1111		Total Service for BULL,SETTING as of 10/7/2007					
9	222-22-2222	1	CANDY,SWEET	208	F	A	9/24/1986	
10	222-22-2222	1	CANDY,SWEET	111	F	A	3/12/1986	5/30/1
11	022-22-2222		Total Service for CANDY,SWEET as of 10/7/2007					
12	333-33-3333	4	MOUSE,MICKY	102	F	A	9/18/2006	
13	333-33-3333		Total Service for MOUSE,MICKY as of 10/7/2007					
14								
15								
16								
17								
18								
19								

Questions or Comments for Employer Services?

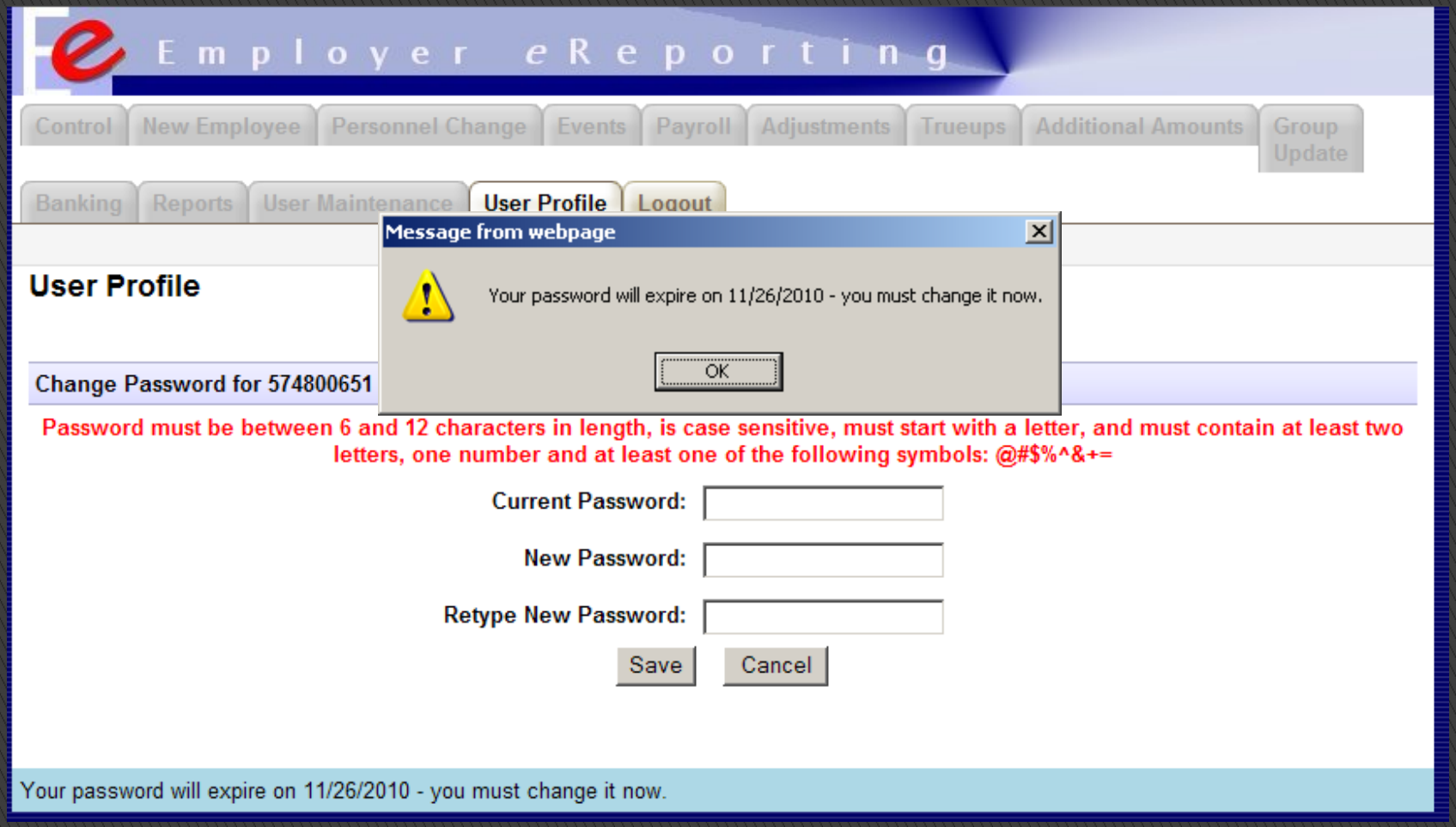
Welcome to eReporting



Once your payroll contact has entered you into eReporting an email will be generated to you with your "temporary" password, similar to the email below.



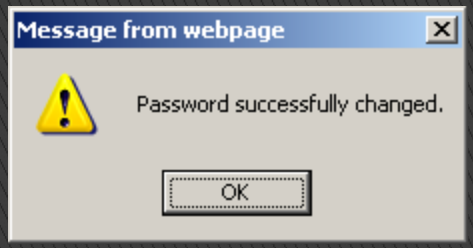
https://concord.retben.state.ak.us/ers/forms/PayrollControl.html


Employer eReporting
Control
New Employee
Personnel Change
Events
Payroll
Adjustments
Trueups
Additional Amounts
Group Update
Banking
Reports
User Maintenance
User Profile
Logout
Message from webpage
Your password will expire on 11/26/2010 - you must change it now.
OK
User Profile
Change Password for 574800651
Password must be between 6 and 12 characters in length, is case sensitive, must start with a letter, and must contain at least two letters, one number and at least one of the following symbols: @#$%^&+=
Current Password:
New Password:
Retype New Password:
Save
Cancel
Your password will expire on 11/26/2010 - you must change it now.

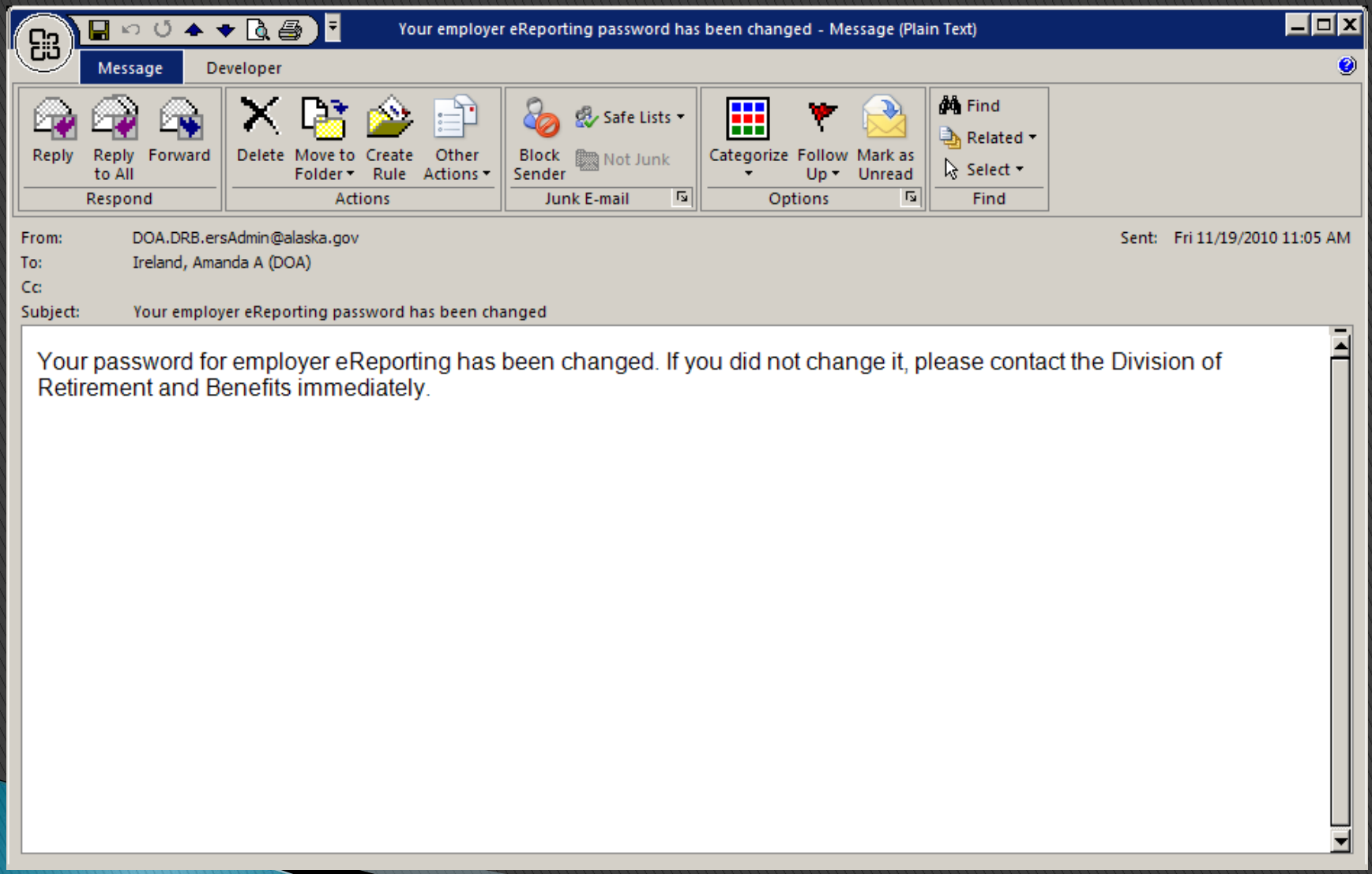
NOTE :

You will need to log into eReporting with your “temporary” password, then you will prompted to enter in a new password.

Once you have successfully changed your password, you will need to log out of eReporting and log back in, using your new password.

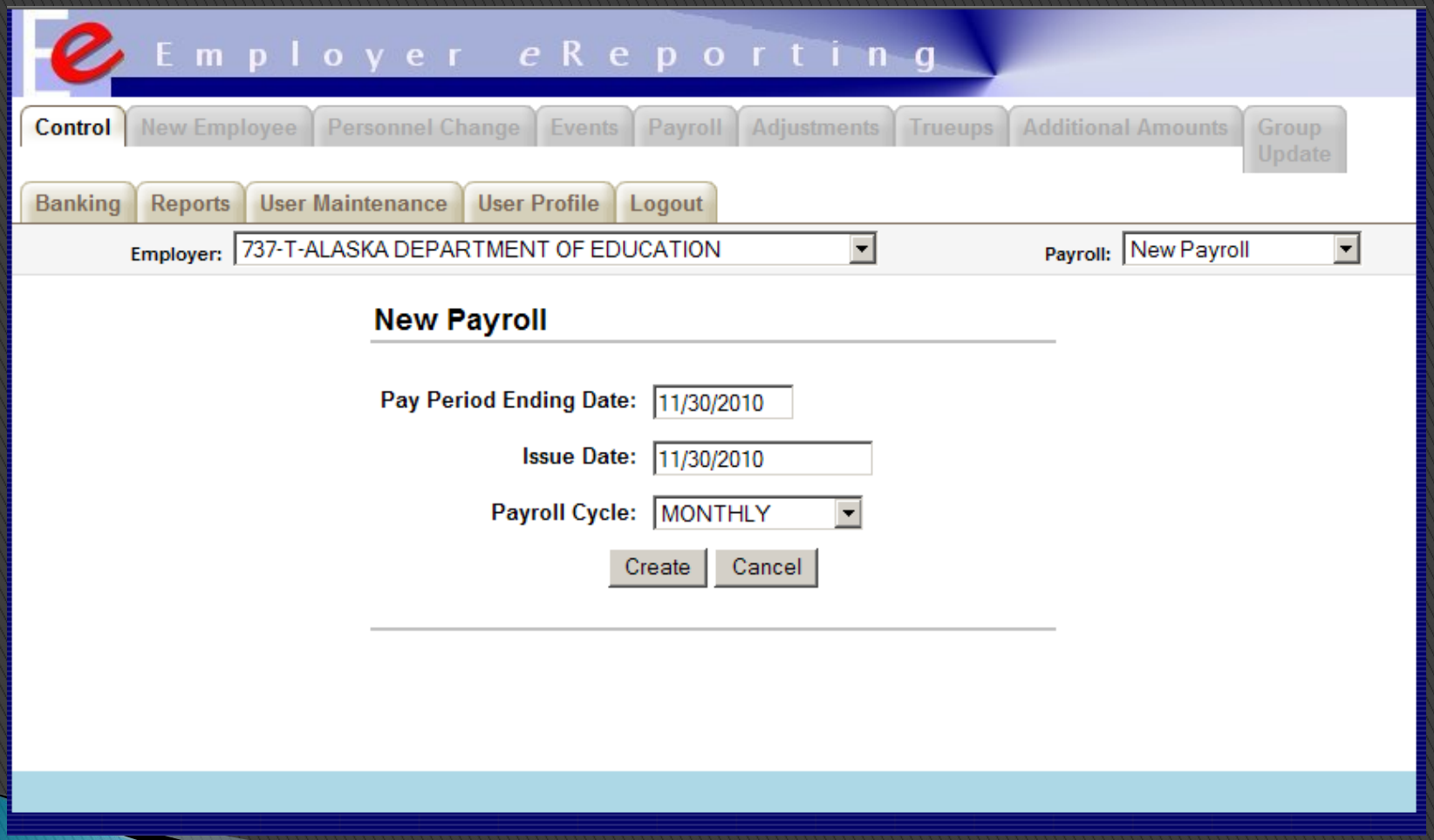


Once you have changed your password, eReporting will send you an email confirming you it has been changed.

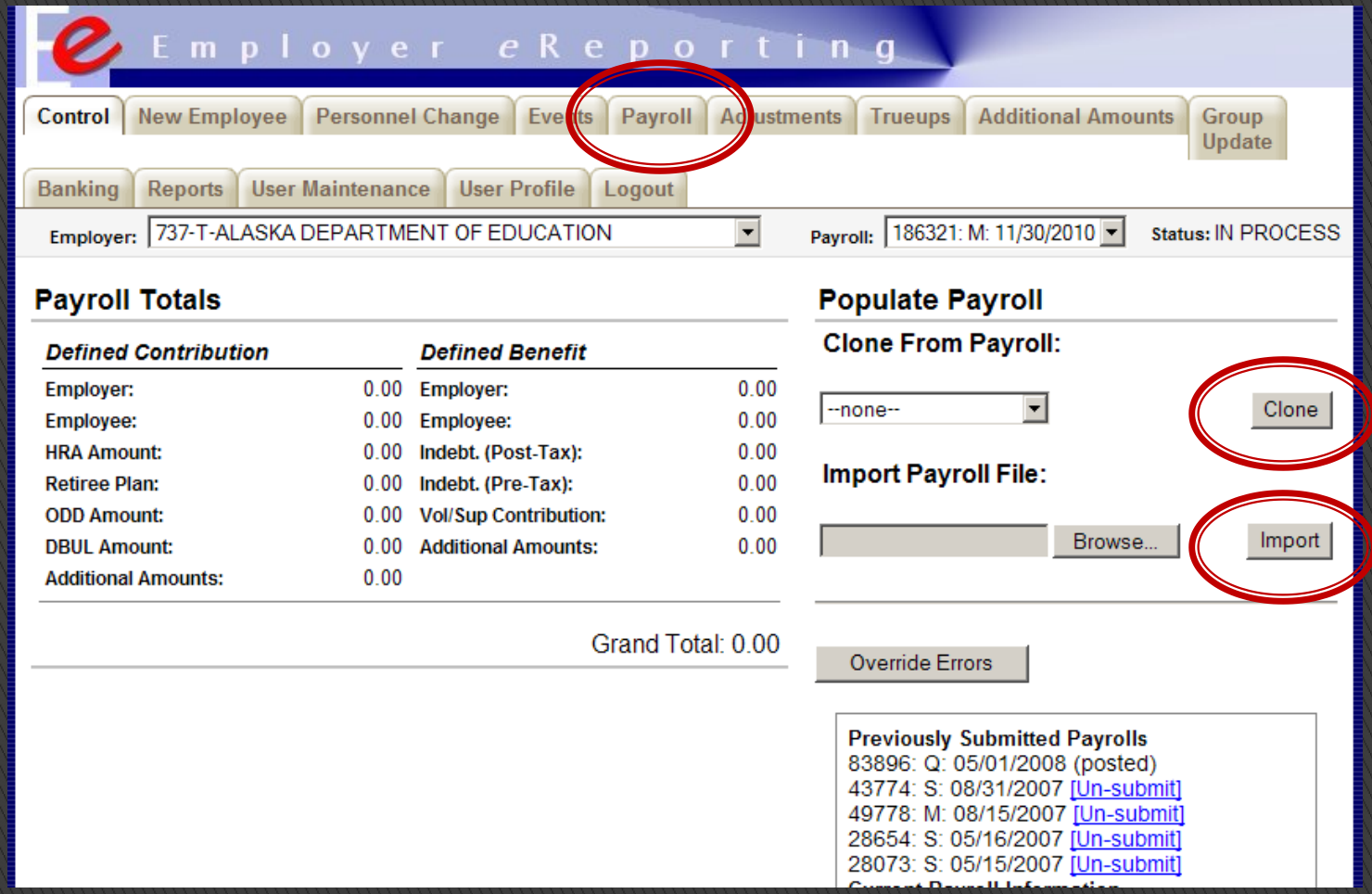


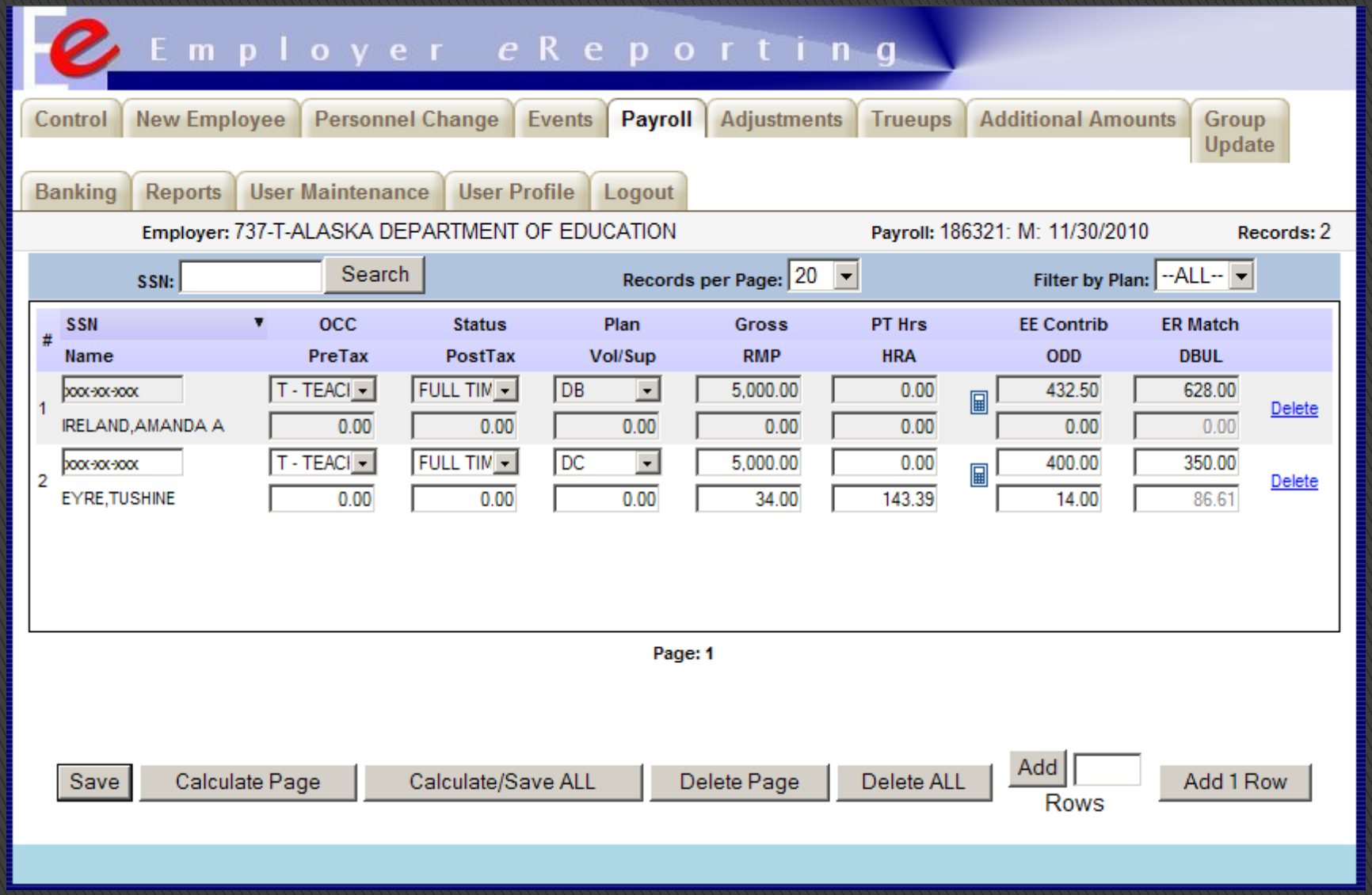
Entering a New Payroll

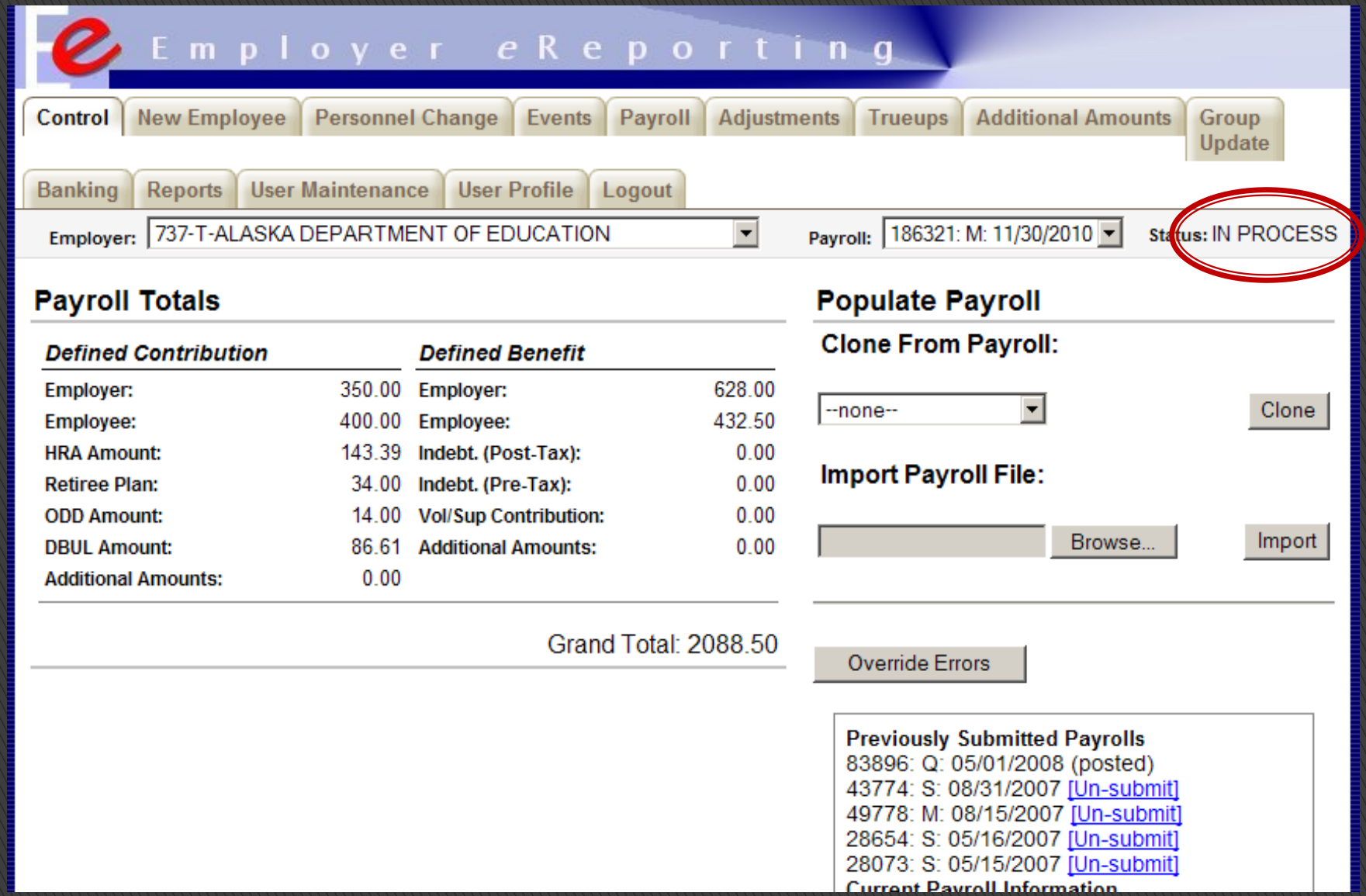
Enter in your Pay Period Ending Date (example: 11/18/2010)
Enter in the Issue Date (example: 11/18/2010)
Select Payroll Cycle: Semi-Monthly

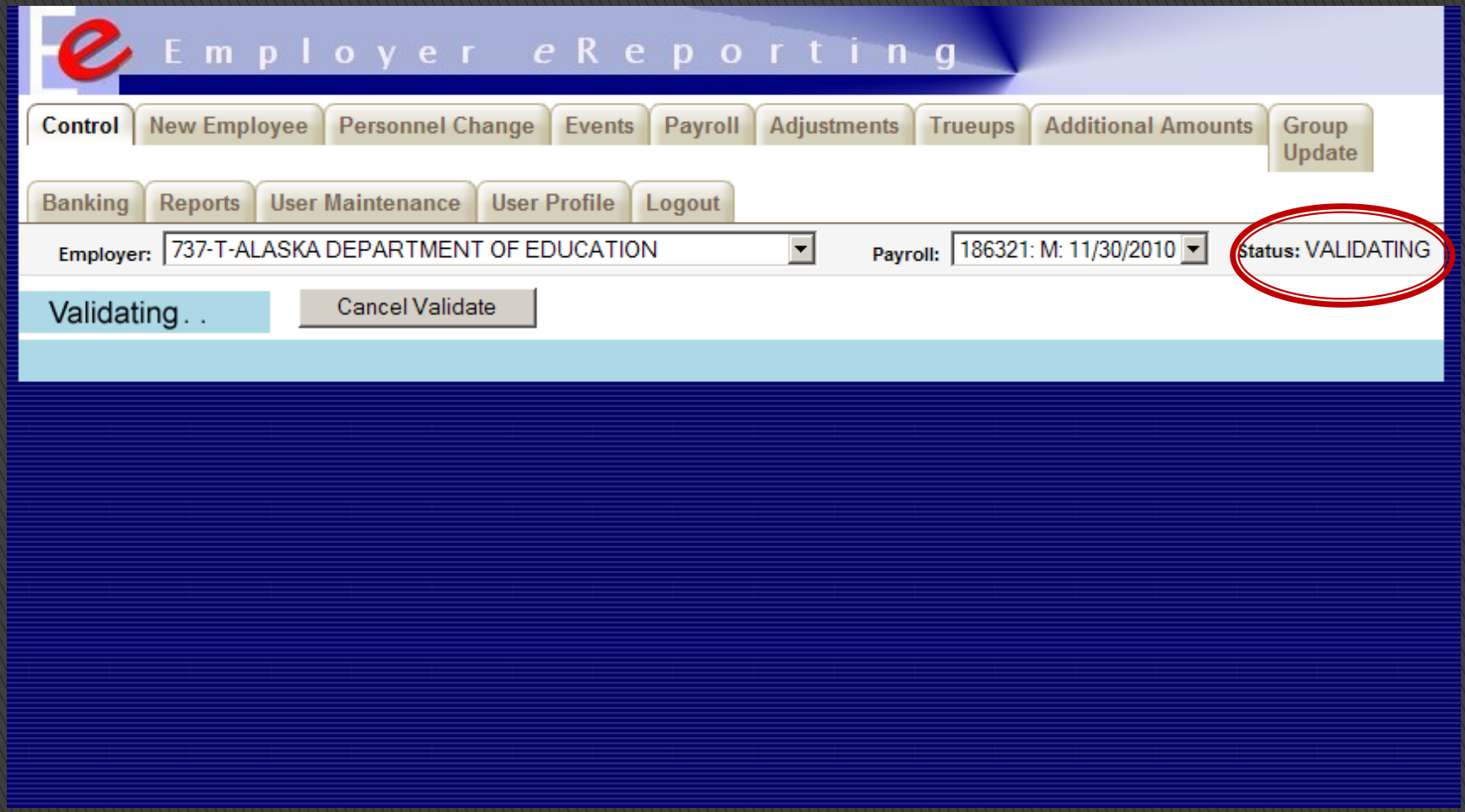


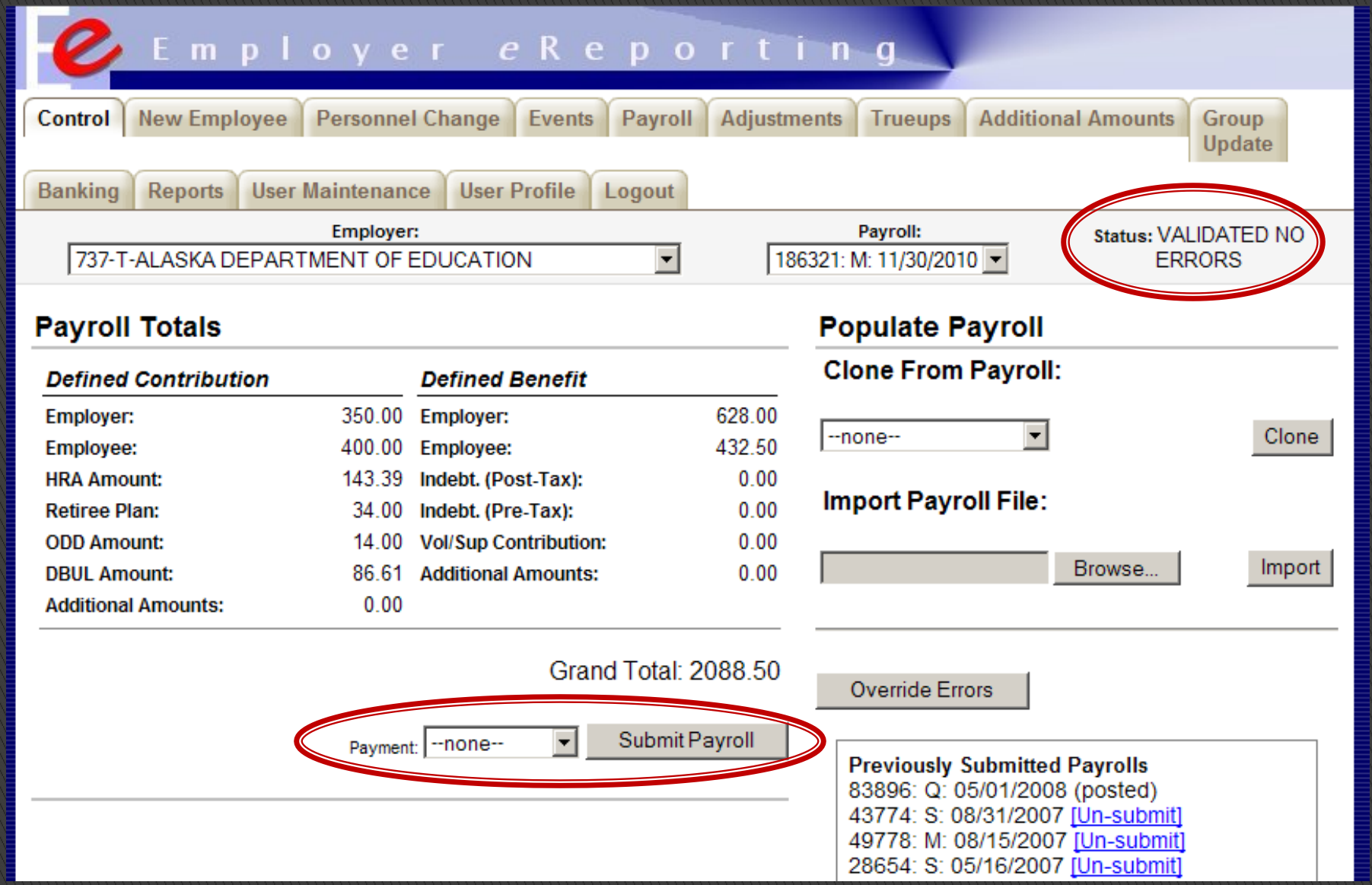
This is what you will see after you have created a New Payroll, your next step will be to either clone a previous payroll, import your payroll, or click on the payroll tab to enter in your payroll manually.




Employer eReporting
Control
New Employee
Personnel Change
Events
Payroll
Adjustments
Trueups
Additional Amounts
Group Update
Banking
Reports
User Maintenance
User Profile
Logout
Employer: 737-T-ALASKA DEPARTMENT OF EDUCATION
Payroll: 186321: M: 11/30/2010
Records: 2
SSN:
Search
Records per Page: 20
Filter by Plan: --ALL--
SSN OCC Status Plan Gross PT Hrs EE Contrib ER Match
Name PreTax PostTax Vol/Sup RMP HRA ODD DBUL
1 xxx-xx-xxx T - TEACI FULL TIM DB 5,000.00 0.00 432.50 628.00 Delete
IRELAND,AMANDA A 0.00 0.00 0.00 0.00 0.00 0.00 0.00
2 xxx-xx-xxx T - TEACI FULL TIM DC 5,000.00 0.00 400.00 350.00 Delete
EYRE,TUSHINE 0.00 0.00 0.00 34.00 143.39 14.00 86.61
Page: 1
Save
Calculate Page
Calculate/Save ALL
Delete Page
Delete ALL
Add
Rows
Add 1 Row

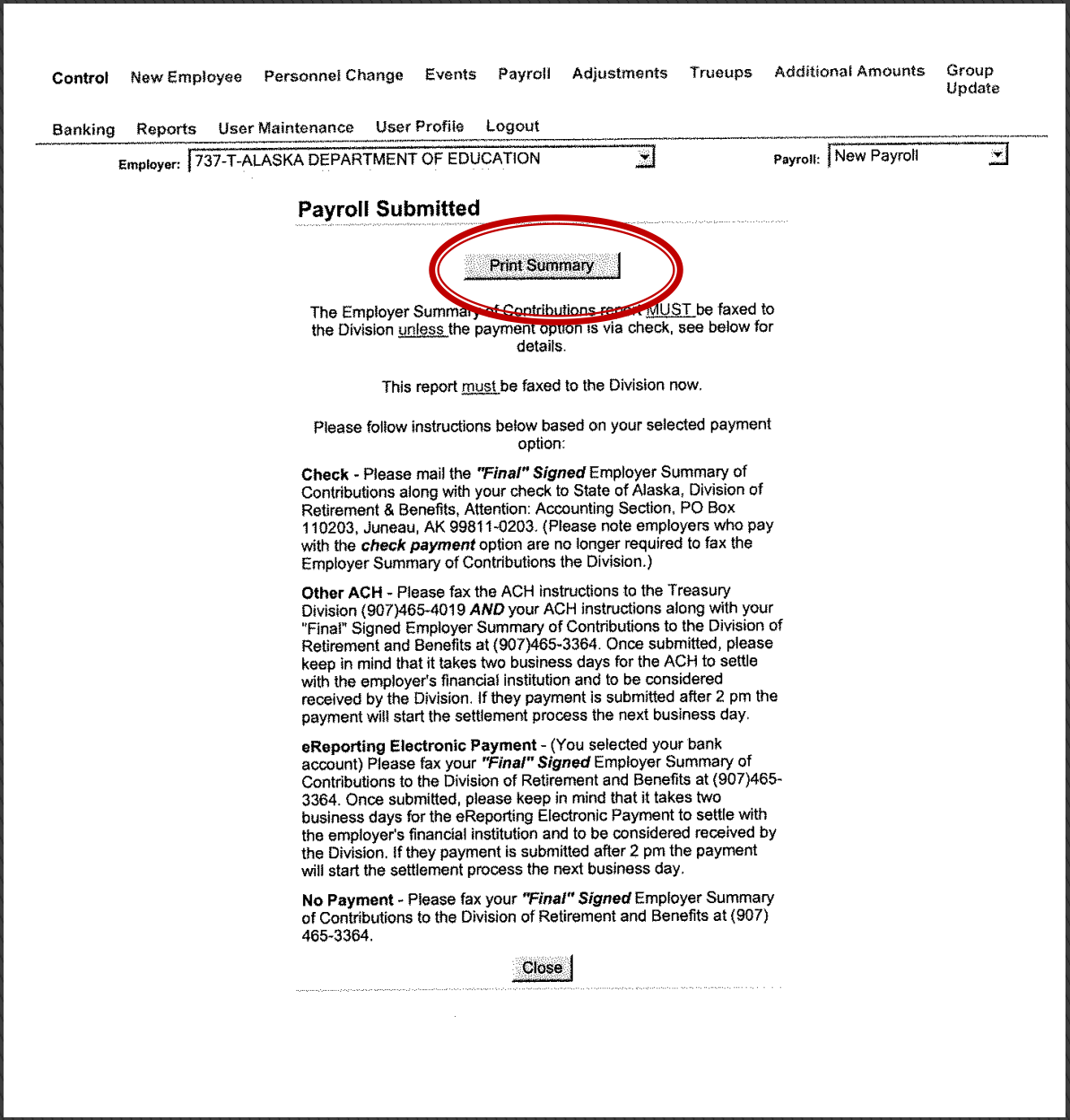

Employer eReporting
Control
New Employee
Personnel Change
Events
Payroll
Adjustments
Trueups
Additional Amounts
Group Update
Banking
Reports
User Maintenance
User Profile
Logout
Employer: 737-T-ALASKA DEPARTMENT OF EDUCATION
Payroll: 186321: M: 11/30/2010
Status: IN PROCESS
Payroll Totals
Defined Contribution
Employer: 350.00
Employee: 400.00
HRA Amount: 143.39
Retiree Plan: 34.00
ODD Amount: 14.00
DBUL Amount: 86.61
Additional Amounts: 0.00
Defined Benefit
Employer: 628.00
Employee: 432.50
Indebt. (Post-Tax): 0.00
Indebt. (Pre-Tax): 0.00
Vol/Sup Contribution: 0.00
Additional Amounts: 0.00
Grand Total: 2088.50
Populate Payroll
Clone From Payroll:
--none--
Clone
Import Payroll File:
Browse...
Import
Override Errors
Previously Submitted Payrolls
83896: Q: 05/01/2008 (posted)
43774: S: 08/31/2007 [Un-submit]
49778: M: 08/15/2007 [Un-submit]
28654: S: 05/16/2007 [Un-submit]
28073: S: 05/15/2007 [Un-submit]
Current Payroll Information


Employer eReporting
Control
New Employee
Personnel Change
Events
Payroll
Adjustments
Trueups
Additional Amounts
Group Update
Banking
Reports
User Maintenance
User Profile
Logout
Employer: 737-T-ALASKA DEPARTMENT OF EDUCATION
Payroll: 186321: M: 11/30/2010
Status: VALIDATING
Validating . .
Cancel Validate


Employer eReporting
Control
New Employee
Personnel Change
Events
Payroll
Adjustments
Trueups
Additional Amounts
Group Update
Banking
Reports
User Maintenance
User Profile
Logout
Employer:
737-T-ALASKA DEPARTMENT OF EDUCATION
Payroll:
186321: M: 11/30/2010
Status: VALIDATED NO ERRORS
Payroll Totals
Defined Contribution
Employer: 350.00
Employee: 400.00
HRA Amount: 143.39
Retiree Plan: 34.00
ODD Amount: 14.00
DBUL Amount: 86.61
Additional Amounts: 0.00
Defined Benefit
Employer: 628.00
Employee: 432.50
Indebt. (Post-Tax): 0.00
Indebt. (Pre-Tax): 0.00
Vol/Sup Contribution: 0.00
Additional Amounts: 0.00
Grand Total: 2088.50
Payment: --none--
Submit Payroll
Populate Payroll
Clone From Payroll:
--none--
Clone
Import Payroll File:
Browse...
Import
Override Errors
Previously Submitted Payrolls
83896: Q: 05/01/2008 (posted)
43774: S: 08/31/2007 [Un-submit]
49778: M: 08/15/2007 [Un-submit]
28654: S: 05/16/2007 [Un-submit]

Dedicated Email address for scanned Summary Reports: doa.drb.employerpayroll@alaska.gov

Dedicated Fax Number is: (907) 465-3364



STATE OF ALASKA
COMBINED RETIREMENT SYSTEM
12/1/2010 2:49:25 PM

EMPLOYER (ER) SUMMARY OF CONTRIBUTIONS
FINAL SUBMITTAL REPORT - 12/01/2010

Division of Retirement and Benefits
(907) 465-1444 FAX (907) 465-3364
doa.drb.ersadmin@alaska.gov

EMPLOYER # 737	EMPLOYER NAME: TRS - ALASKA DEPARTMENT OF EDUCATION	PPE: 11/30/2010	Issue Date: 11/30/2010	Paycycle: MONTHLY (B = Bi-weekly M = Monthly S = Semi-monthly)

DB 1. Defined Benefits NORMAL PAYROLL

Gross Membership Payroll $ 5,000.00

	Count	Amount
Employee Mandatory Contributions	1	432.50
Employee VOL/SUPP Contributions	0	0.00
Employee Indebtness Pre-Tax	0	0.00
Employee Indebtness Post-Tax	0	0.00
ER Matching Contributions	1	628.00

Total DB Payroll Records: 1 Total Normal Payroll Dollars $ 1,060.50

DC 1. Defined Contributions NORMAL PAYROLL

Gross Membership Payroll $ 5,000.00

	Count	Amount
Employee Mandatory Contributions	1	400.00
ER Matching Contributions	1	350.00
ER Retiree Medical Plan	1	34.00
ER Health Reimbursement Arrangement	1	143.39
ER Occupational Death/Disability	1	14.00

Total DC Payroll Records: 1 Total Normal Payroll Dollars $ 941.39

DB 2. Defined Benefits ADJUSTMENT PAYROLL

Gross Membership Payroll $ 0.00

Employee Mandatory Contributions	0	0.00
Employee VOL/SUPP Contributions	0	0.00
Employee Indebtness Pre-Tax	0	0.00
Employee Indebtness Post-Tax	0	0.00
ER Matching Contributions	0	0.00

Total DB Adjustment Records: 0 Total Adjustment Dollars $ 0.00

DC 2. Defined Contributions ADJUSTMENT PAYROLL

Gross Membership Payroll $ 0.00

Employee Mandatory Contributions	0	0.00
ER Matching Contributions	0	0.00
ER Retiree Medical Plan	0	0.00
ER Health Reimbursement Arrangement	0	0.00
ER Occupational Death/Disability	0	0.00

Total DC Adjustment Records: 0 Total Adjustment Dollars $ 0.00

DB 3.

Late Fee	0.00
DB Suspense	0.00
Additional ER Asset Contributions	0.00

Total DB Records: 1 Total Other Dollars $ 0.00

DC 3.

Late Fee	0.00
ER Forfeiture	0.00
HRA ER Forfeiture	0.00
RMP ER Forfeiture	0.00
ODD Other ER Forfeiture	0.00
ODD Police/Fire ER Forfeiture	0.00

Total DC Records: 1 Total Other Dollars $ 0.00

DB 4.

Defined Benefits Grand Total for this Pay Period $ 1,060.50

DC 4.

Defined Benefit Unfunded Liability (DBUL) Contribution for DCR $ 86.61
Defined Contributions Grand Total for this Pay Period $ 1,028.00

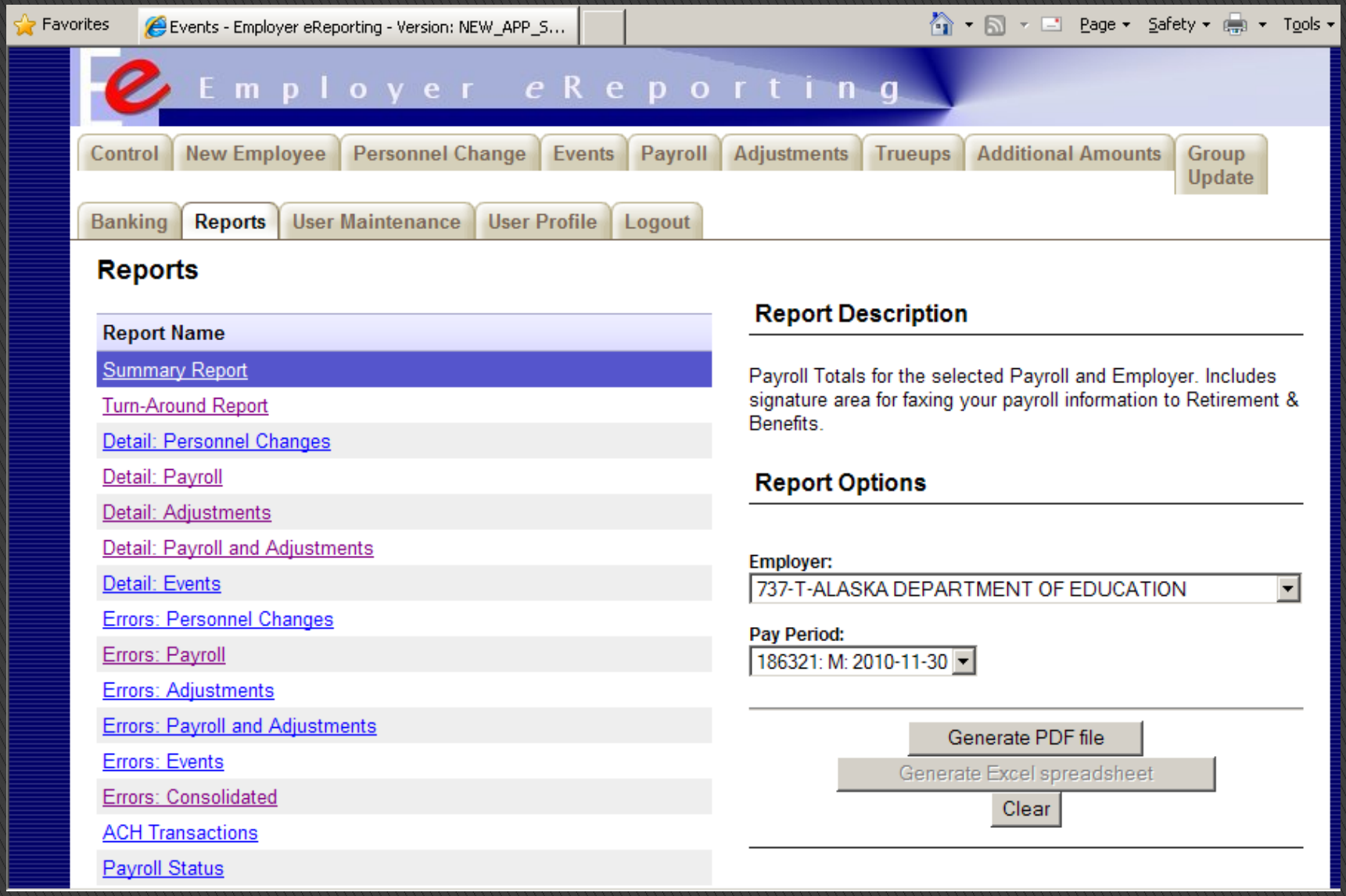
5. TOTAL Defined Benefit and Defined Contribution Dollars Due for this Pay Period $ 2,086.50

AKSAS Deposit ID (For R&B use only):

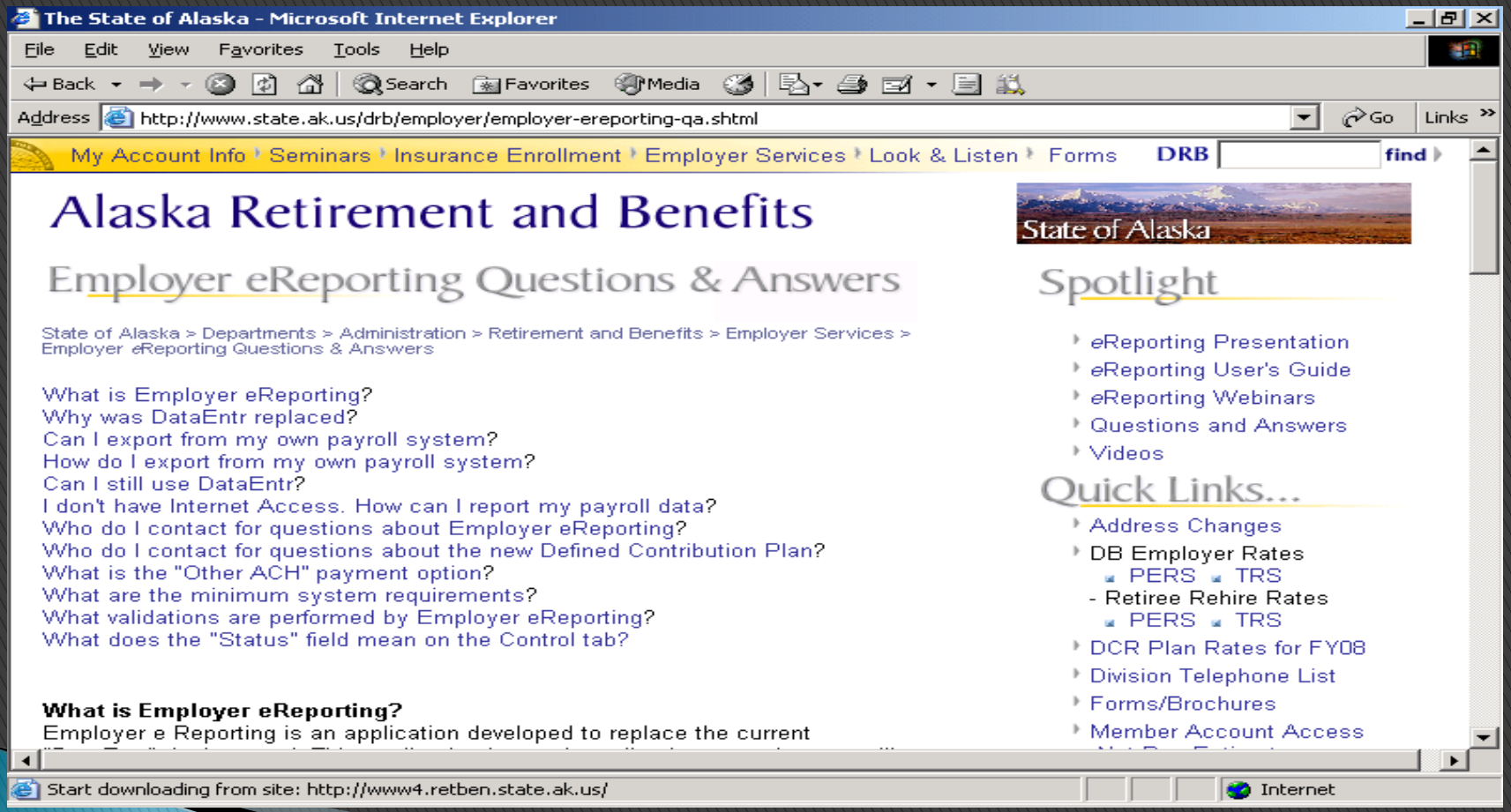
6. M73711300	7. 186321	8. Other ACH	9.
Payroll File Name:	Payroll ID:	Payment Option:	eReporting Settlement Date:

By signing below I certify the information provided on this file is true and complete to the best of my knowledge. I understand if I deliberately conceal or provide false information, I, as the signer, may be held accountable. I also understand the payroll data may be released in an authorized legal investigation; and that for the purpose of this certification, a photocopy or facsimile of my original signature shall have the same force and effect as my original signature.

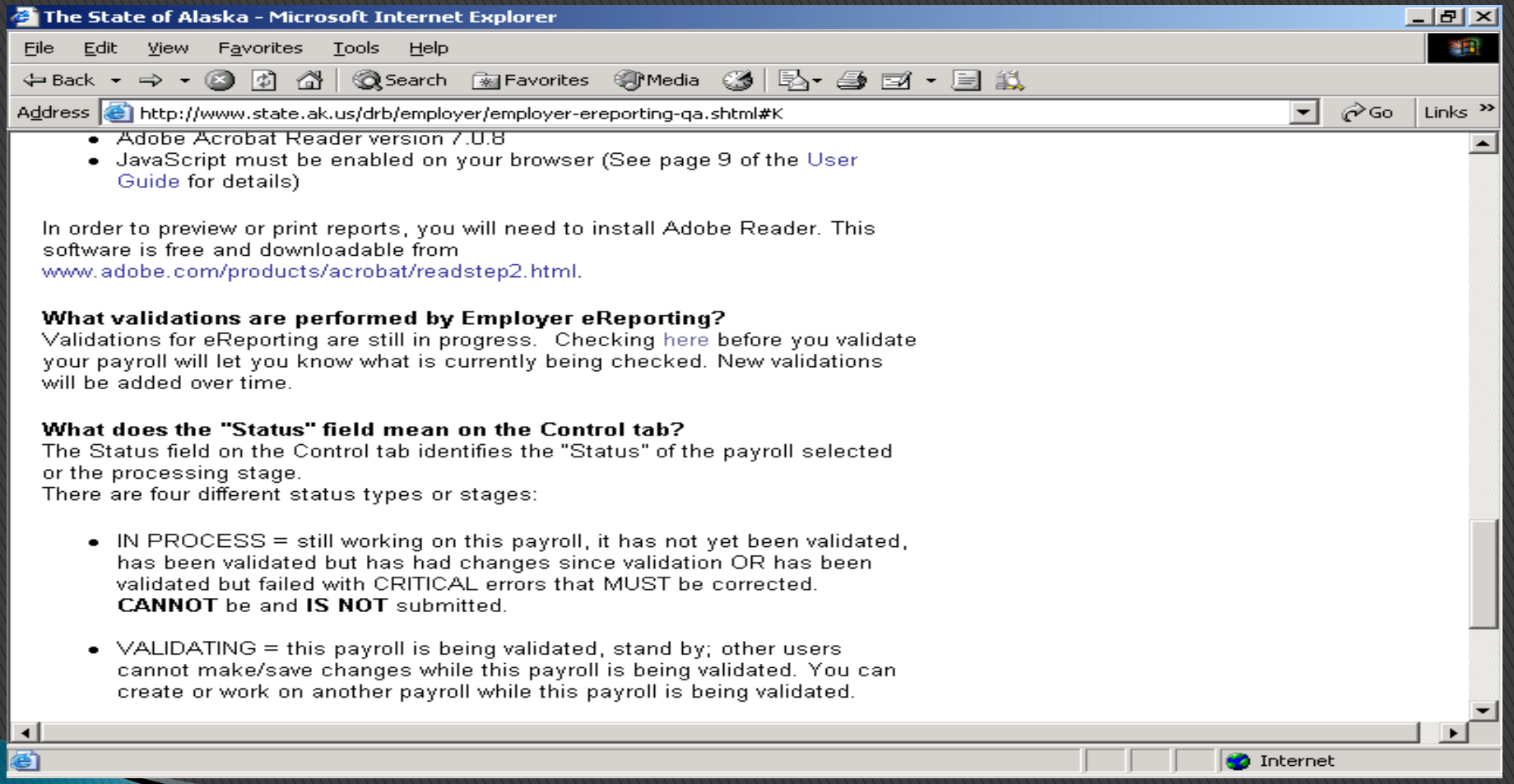
Title _____ Signature _____ December 01, 2010 Today's Date


Favorites
Events - Employer eReporting - Version: NEW_APP_S...
Page
Safety
Tools
Employer eReporting
Control
New Employee
Personnel Change
Events
Payroll
Adjustments
Trueups
Additional Amounts
Group Update
Banking
Reports
User Maintenance
User Profile
Logout
Reports
Report Name
Summary Report
Turn-Around Report
Detail: Personnel Changes
Detail: Payroll
Detail: Adjustments
Detail: Payroll and Adjustments
Detail: Events
Errors: Personnel Changes
Errors: Payroll
Errors: Adjustments
Errors: Payroll and Adjustments
Errors: Events
Errors: Consolidated
ACH Transactions
Payroll Status
Report Description
Payroll Totals for the selected Payroll and Employer. Includes signature area for faxing your payroll information to Retirement & Benefits.
Report Options
Employer:
737-T-ALASKA DEPARTMENT OF EDUCATION
Pay Period:
186321: M: 2010-11-30
Generate PDF file
Generate Excel spreadsheet
Clear

eReporting Questions & Answers contact your payroll contact if you have eReporting questions



Validations



Payment Options

- Check: mailing a check directly to the Division of Retirement and Benefits
- Other ACH; is an existing ACH payment that we are phasing out
- Select your Account: Employer eReporting electronic payment – select the name of the account you want to use from the list to make an eReporting electronic payment. (this option requires and additional password)
- No Payment: this can only be used if pre-approved by the Division of Retirement and Benefits

*e*Reporting Payment Options

Advantages of eReporting Electronic Payment Option

- Decreased Cost and Increased Efficiency
  - No check writing
  - Decrease in check stock purchase
  - No postage expense
  - No transactional cost for employer

Setting up a Bank Account

The full access rights user will have the authority to setup the Banking Tab for the eReporting Electronic Payment option

Or

call your payroll contact to help walk you through the process

Bank Tab – Notes

- The password is linked to the Account not the UserID.
- The password is not maintained by the Division or stored in the application – The Division cannot reset the password.
- If the password is forgotten you can delete the account and setup a new Account.
  - Account deletions do not require a password.
  - Each time a new account is set up or changed a pre-note has to successfully process before the account can be used for payment, this may take up to 7 business days.

Late Payrolls

- All payrolls and money are due to be transmitted to the plan no later then 15 days after the payroll issue date
- An email reminder will be sent to the payroll contact.
- 30 days late –A certified letter will be mailed to the payroll contact with a courtesy copy to the Administrator.
- 60 days late – A certified letter will be mailed to the Administrator.

Late fees

AS. 14.25.065. TRANSMITTAL OF CONTRIBUTIONS.
(a) All contributions deducted in accordance with AS 14.25.050 and 14.25.055 shall be transmitted to the plan for deposit in the retirement fund no later than 15 days following the close of the payroll period, with the final contributions due for any school year transmitted no later than July 15.

(b) The contributions of employers under AS 14.25.070 must be transmitted to the plan for deposit in the retirement fund at the close of each pay period. If the contributions are not submitted within 15 days of the close of each payroll period, interest must be assessed on the outstanding contributions at one and one-half times the most recent actuarially determined rate of earnings for the plan from the date that contributions were originally due. In addition, the amount of the contributions and interest may be deducted by the department of Education and Early Development from the state funds due the school district and the amount so deducted transmitted to the plan for deposit in the retirement fund. Amounts due from the University of Alaska and interest as prescribed in this section may be deducted by the commissioner of administration from any state funds due the University of Alaska and the amount deducted transmitted to the administrator for deposit in the retirement fund.

For TRS DCR Members;
AS. 14.25.370. TRANSMITTAL OF CONTRIBUTIONS. [EFFECTIVE JULY 1, 2006]
All contributions deducted in accordance with AS 14.25.310 - 14.25.590 shall be transmitted to the plan for deposit in the trust fund as soon as administratively feasible, but in no event later than 15 days following the close of the payroll period.

Employer Services

Questions or Comments for eReporting?

DB and DCR Employee Forms

- PERS/TRS Defined Benefit Refund Election
  (PERS Tiers I, II, III / TRS Tiers I, II)
- PERS Defined Contribution Retirement Plan Distribution/Direct Rollover Request
  (PERS Tier IV)
- TRS Defined Contribution Retirement Plan Distribution/Direct Rollover Request
  (TRS Tier III)

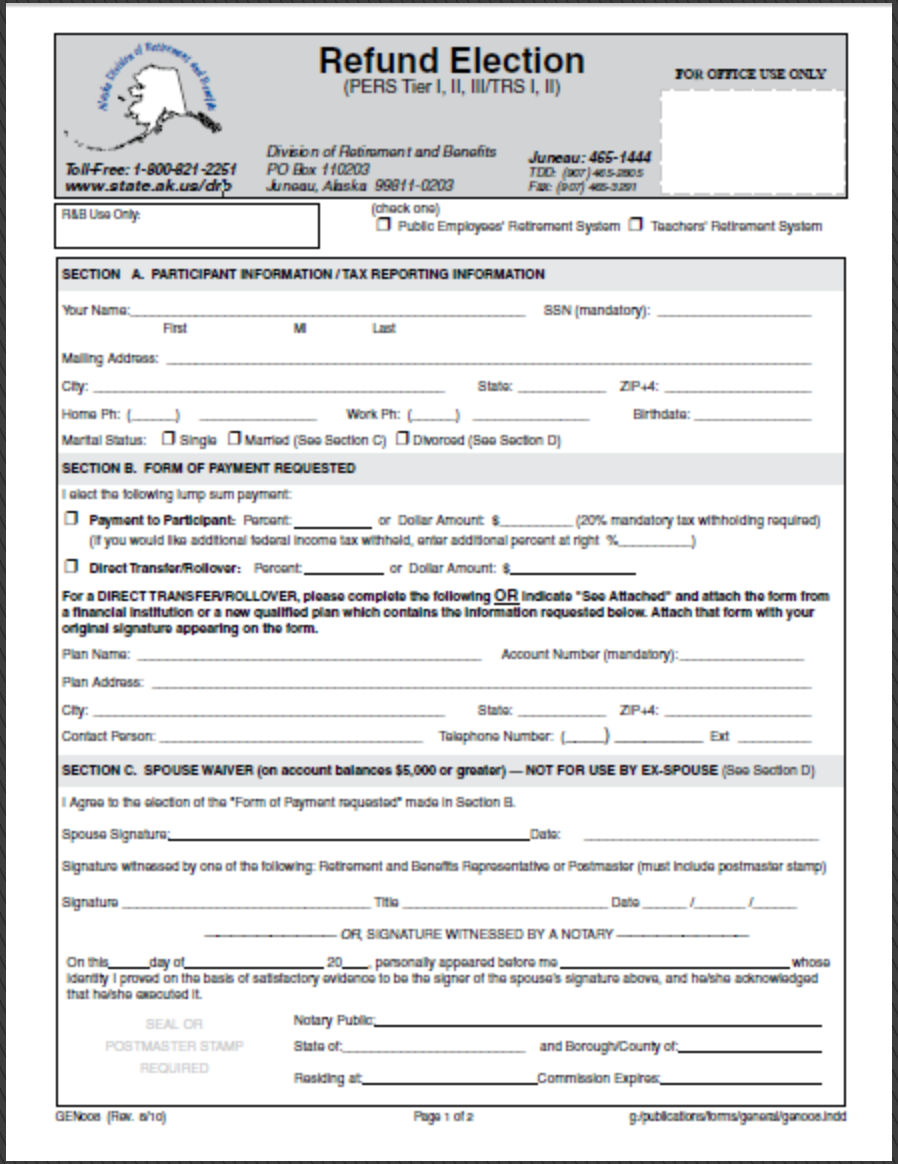
Employee Forms

PERS/TRS DB

Refund Election form

PERS Tier I, II & III

TRS Tier I & II



Refund Election

(PERS Tier I, II, III/TRS I, II)

FOR OFFICE USE ONLY

Alaska Division of Retirement and Benefits

Toll-Free: 1-800-821-2251
www.state.ak.us/drb

Division of Retirement and Benefits
PO Box 110203
Juneau, Alaska 99811-0203

Juneau: 465-1444
TDD: (907) 465-2805
Fax: (907) 465-3291

R&B Use Only:

(check one)
☐ Public Employees' Retirement System ☐ Teachers' Retirement System

SECTION A. PARTICIPANT INFORMATION / TAX REPORTING INFORMATION

Your Name: _____ SSN (mandatory): _____
First MI Last

Mailing Address: _____

City: _____ State: _____ ZIP+4: _____

Home Ph: (_____) _____ Work Ph: (_____) _____ Birthdate: _____

Marital Status: ☐ Single ☐ Married (See Section C) ☐ Divorced (See Section D)

SECTION B. FORM OF PAYMENT REQUESTED

I elect the following lump sum payment:

☐ **Payment to Participant:** Percent: _____ or Dollar Amount: $_____ (20% mandatory tax withholding required)
(If you would like additional federal income tax withheld, enter additional percent at right %_____)

☐ **Direct Transfer/Rollover:** Percent: _____ or Dollar Amount: $_____

For a DIRECT TRANSFER/ROLLOVER, please complete the following OR indicate "See Attached" and attach the form from a financial institution or a new qualified plan which contains the information requested below. Attach that form with your original signature appearing on the form.

Plan Name: _____ Account Number (mandatory): _____

Plan Address: _____

City: _____ State: _____ ZIP+4: _____

Contact Person: _____ Telephone Number: (_____) _____ Ext _____

SECTION C. SPOUSE WAIVER (on account balances $5,000 or greater) — NOT FOR USE BY EX-SPOUSE (See Section D)

I Agree to the election of the "Form of Payment requested" made in Section B.

Spouse Signature: _____ Date: _____

Signature witnessed by one of the following: Retirement and Benefits Representative or Postmaster (must include postmaster stamp)

Signature _____ Title _____ Date _____/_____/_____

OR, SIGNATURE WITNESSED BY A NOTARY

On this _____ day of _____ 20____, personally appeared before me _____ whose identity I proved on the basis of satisfactory evidence to be the signer of the spouse's signature above, and he/she acknowledged that he/she executed it.

SEAL OR POSTMASTER STAMP REQUIRED

Notary Public: _____

State of: _____ and Borough/County of: _____

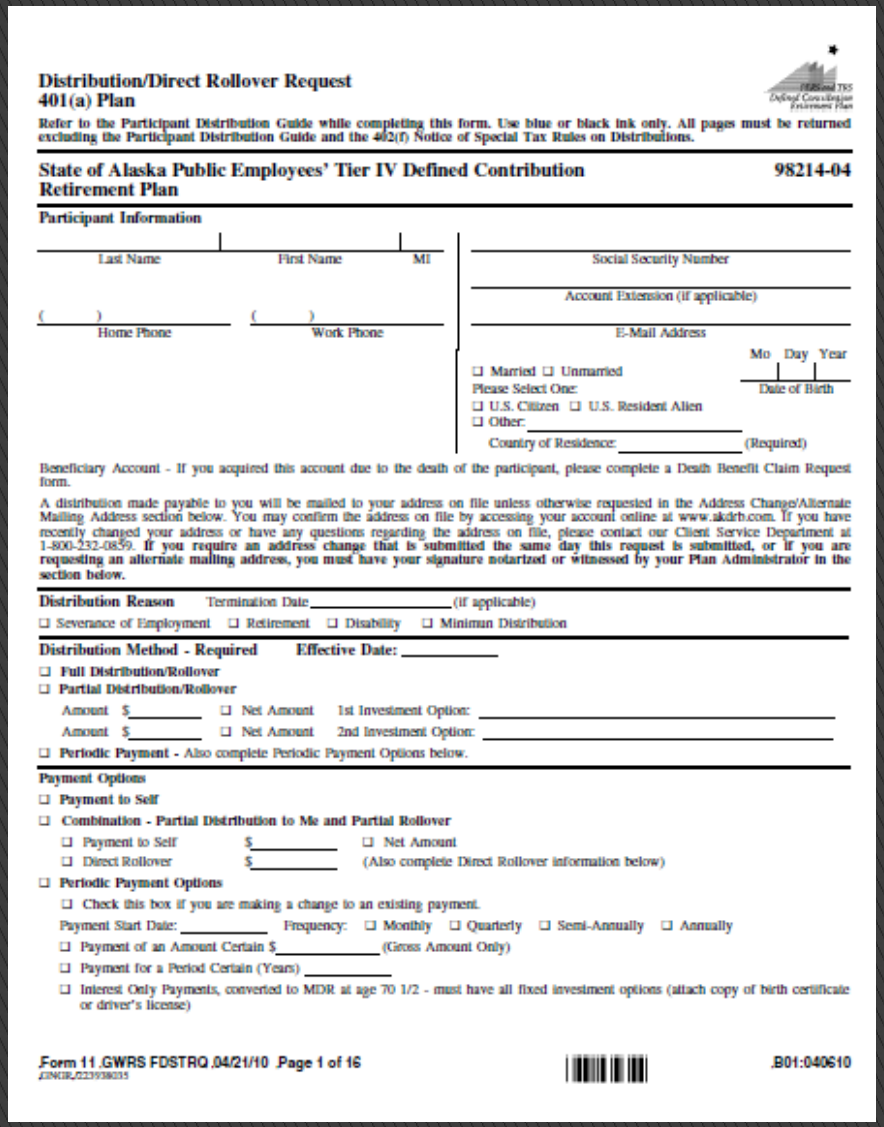
Residing at: _____ Commission Expires: _____

GENoce (Rev. 8/10) Page 1 of 2 g:/publications/forms/general/ganoce.indd

PERS – DCR Tier IV

Distribution/ Direct Rollover Request

401(a) Plan



Distribution/Direct Rollover Request
401(a) Plan

Refer to the Participant Distribution Guide while completing this form. Use blue or black ink only. All pages must be returned excluding the Participant Distribution Guide and the 402(f) Notice of Special Tax Rules on Distributions.

State of Alaska Public Employees' Tier IV Defined Contribution Retirement Plan **98214-04**

Participant Information

Last Name | First Name | MI

Social Security Number

Account Extension (if applicable)

( ) Home Phone ( ) Work Phone

E-Mail Address

Mo Day Year
Date of Birth

☐ Married ☐ Unmarried
Please Select One:
☐ U.S. Citizen ☐ U.S. Resident Alien
☐ Other: _____
Country of Residence: _____ (Required)

Beneficiary Account - If you acquired this account due to the death of the participant, please complete a Death Benefit Claim Request form.

A distribution made payable to you will be mailed to your address on file unless otherwise requested in the Address Change/Alternate Mailing Address section below. You may confirm the address on file by accessing your account online at www.akdrb.com. If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-800-232-0859. **If you require an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized or witnessed by your Plan Administrator in the section below.**

Distribution Reason Termination Date _____ (if applicable)

☐ Severance of Employment ☐ Retirement ☐ Disability ☐ Minimun Distribution

Distribution Method - Required **Effective Date:** _____

☐ **Full Distribution/Rollover**
☐ **Partial Distribution/Rollover**
Amount $_____ ☐ Net Amount 1st Investment Option: _____
Amount $_____ ☐ Net Amount 2nd Investment Option: _____
☐ **Periodic Payment** - Also complete Periodic Payment Options below.

Payment Options

☐ **Payment to Self**
☐ **Combination - Partial Distribution to Me and Partial Rollover**
☐ Payment to Self $_____ ☐ Net Amount
☐ Direct Rollover $_____ (Also complete Direct Rollover information below)
☐ **Periodic Payment Options**
☐ Check this box if you are making a change to an existing payment.
Payment Start Date: _____ Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
☐ Payment of an Amount Certain $_____ (Gross Amount Only)
☐ Payment for a Period Certain (Years) _____
☐ Interest Only Payments, converted to MDR at age 70 1/2 - must have all fixed investment options (attach copy of birth certificate or driver's license)

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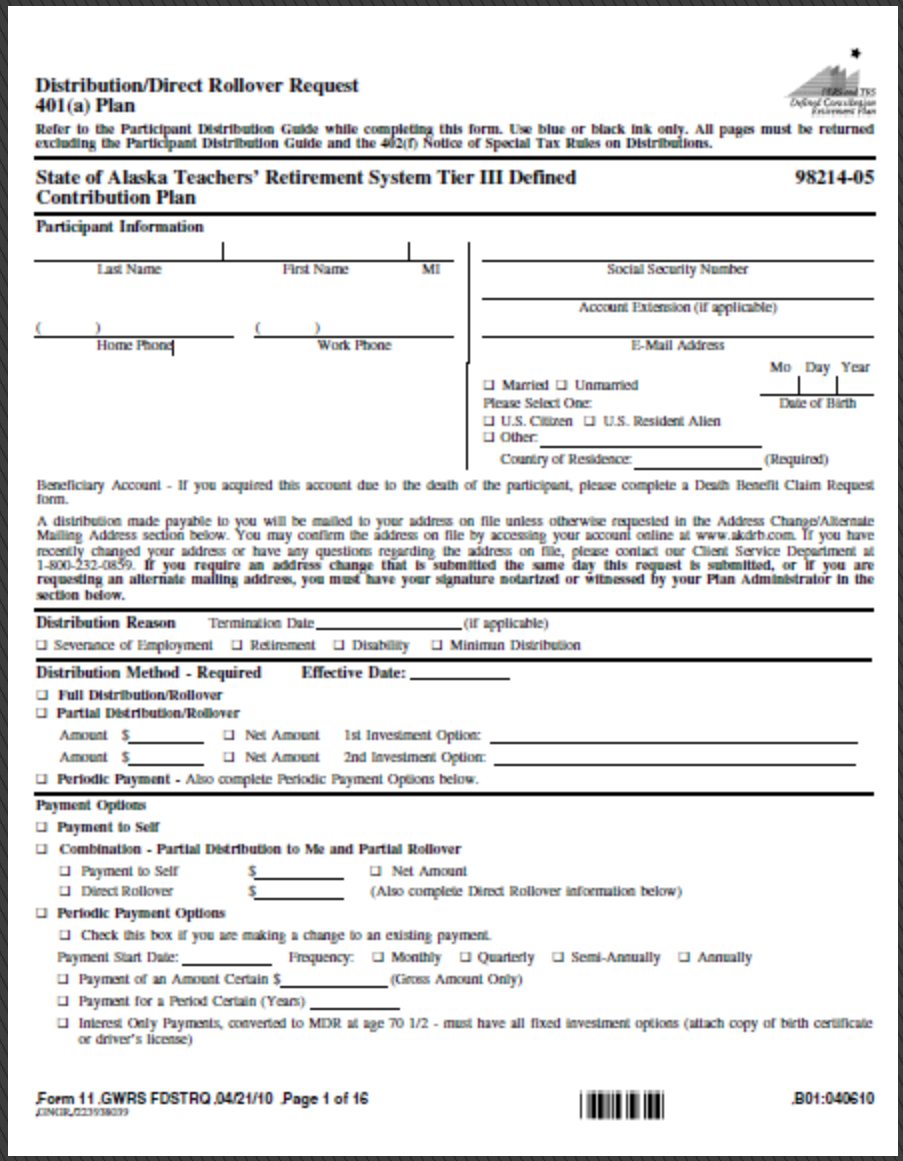
TRS – DCR Tier III

Distribution/ Direct Rollover Request 401(a) Plan



Distribution/Direct Rollover Request
401(a) Plan

Refer to the Participant Distribution Guide while completing this form. Use blue or black ink only. All pages must be returned excluding the Participant Distribution Guide and the 402(f) Notice of Special Tax Rules on Distributions.

State of Alaska Teachers' Retirement System Tier III Defined Contribution Plan **98214-05**

Participant Information

Last Name | First Name | MI

Social Security Number

Account Extension (if applicable)

( ) Home Phone ( ) Work Phone

E-Mail Address

☐ Married ☐ Unmarried
Please Select One:
☐ U.S. Citizen ☐ U.S. Resident Alien
☐ Other:
Country of Residence: (Required)

Mo Day Year
Date of Birth

Beneficiary Account - If you acquired this account due to the death of the participant, please complete a Death Benefit Claim Request form.

A distribution made payable to you will be mailed to your address on file unless otherwise requested in the Address Change/Alternate Mailing Address section below. You may confirm the address on file by accessing your account online at www.akdrb.com. If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-800-232-0859. **If you require an address change that is submitted the same day this request is submitted, or if you are requesting an alternate mailing address, you must have your signature notarized or witnessed by your Plan Administrator in the section below.**

Distribution Reason Termination Date (if applicable)
☐ Severance of Employment ☐ Retirement ☐ Disability ☐ Minimun Distribution

Distribution Method - Required **Effective Date:**
☐ **Full Distribution/Rollover**
☐ **Partial Distribution/Rover**
Amount $ ☐ Net Amount 1st Investment Option:
Amount $ ☐ Net Amount 2nd Investment Option:
☐ **Periodic Payment** - Also complete Periodic Payment Options below.

Payment Options
☐ **Payment to Self**
☐ **Combination - Partial Distribution to Me and Partial Rollover**
☐ Payment to Self $ ☐ Net Amount
☐ Direct Rollover $ (Also complete Direct Rollover information below)
☐ **Periodic Payment Options**
☐ Check this box if you are making a change to an existing payment.
Payment Start Date: Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
☐ Payment of an Amount Certain $ (Gross Amount Only)
☐ Payment for a Period Certain (Years)
☐ Interest Only Payments, converted to MDR at age 70 1/2 - must have all fixed investment options (attach copy of birth certificate or driver's license)

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Payroll Processing Staff

- Mandy Ireland, Retirement & Benefits Specialist (907) 465-5716
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  Employer #'s 102 through 160 & 173 (excluding 110, 111, 113, 117, & 145)
  eleanor.schroeder@alaska.gov
- Linda Zagar, Retirement & Benefits Technician (907) 465-3765
  Employer #'s 101, 501, 601, 901 (Excluding 701, 706, 722, 733, 736, 746)
  linda.zagar@alaska.gov

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- Tushyne Eyre, Retirement & Benefits Technician (907) 465-5714
  PERS Employer #'s 161 through 227 , (excluding – 173, 214, & 222)
  tushyne.eyre@alaska.gov

Regional Counselors

Roberto Aceveda
Locations: Aleutians and Western Alaska, including Aniak, Barrow, Bethel, Cold Bay, Dillingham, Dutch Harbor, Kenai Peninsula, King Cove, King Salmon, Kodiak, Kotzebue, Naknek, Nome, Sand Point, St. George, St. Mary's, St. Paul Island, Unalakleet, Unalaska. Roberto is a counselor located in the Juneau office.
Phone Toll-Free 1-800-821-2251 or (907) 465-1441 **Fax**: (907) 465-5404
roberto.aceveda@alaska.gov

Pam Couzin
Locations: Fairbanks and the Railbelt, including Delta Junction, Fort Yukon, Galena, Glenallen, Healy, North Pole, Tanana, Tok, and Valdez. Pam is a counselor located in the Juneau office.
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pam.couzin@alaska.gov

Regional Counselors

Brian Schmidt
Locations: Southeast Alaska, including Cordova, Craig, Haines, Hoonah, Hydaburg, Juneau, Kake, Ketchikan, Klawock, Metlakatla, Petersburg, Prince of Wales, Sitka, Skagway, Wrangell, Yakutat and the University of Alaska. Brian is a counselor located in the Juneau office.
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brian.schmidt@alaska.gov

Wrap Up

- Questions?
- Comments?
- Suggestions?