

Regular State Employees are offered state benefits that include leave (annual, sick and holiday), subsidized health insurance for self, life insurance (\$10,000), contributions to a defined benefit retirement plan (Arkansas Department of Health is contributing 14.5% of an employee's gross salary to Arkansas Public Employees Retirement System) and a deferred compensation plan that is unmatched by the employer. Employees receive an annual Career Service Bonus based on years of service. Regular state employees are also eligible for a Merit Bonus that is based on an annual performance evaluation, if the State Chief Financial Officer determines that sufficient revenue exists for the payment of Bonuses.

Contract State Employees are subject to payroll deductions, but do not receive paid leave except for Christmas, New Years, Memorial Day, Labor Day and July 4th. They do not receive any of the state benefits such as retirement plan, health or life insurance, leave, bonuses, etc.

Independent Contractors are not state employees.

LEAVE ACCRUAL:

ANNUAL LEAVE

Service Time	Accrual Rate per Month
Through 3 years	1 day (8 hours)
4 through 5 years	1 day 2 hrs (10 hours)
6 through 12 years	1 day 4 hrs (12 hours)
13 through 20 years	1 day 6 hrs (14 hours)
Over 20 years	1 day 7 hrs (15 hours)

Maximum carry over at end of calendar year 240 hours.

SICK LEAVE

One (1) day (8 hours) for each complete month of service for full time.
Maximum carry over at end of calendar year 960 hours

HOLIDAYS

New Year's Day	January 1st
Dr. Martin Luther King Jr's & Robert E. Lee's Birthday	3rd Monday in January
Geo. Washington's B'day & Daisy Gatson Bates Day	3rd Monday in February
Memorial Day	Last Monday in May
Labor Day	1st Monday in September
Independence Day	July 4th
Veteran's Day	November 11th
Thanksgiving Day	4th Thursday in November
Christmas Eve	December 24th
Christmas Day	December 25th
Employee Birthday	Employee is given one day to celebrate his/her birthday each calendar year

Employees are encouraged to keep up with their leave time to verify with timekeeper.

CAREER SERVICE BONUS

10 through 14 years of state service	\$600
15 through 19 years of state service	\$700
20 through 24 years of state service	\$800
25 or more years of state service	\$900

Paid with regular pay check.



ARKANSAS STATE ACTIVE EMPLOYEES MONTHLY PREMIUMS

WITH WELLNESS VISIT

2016 Plan Year Rates - Effective January 1, 2016 - December 31, 2016


	Base Monthly Premium	State Contribution	Plan Contribution	Total Monthly Employee Cost	Per-Payroll Deduction Amount 24 payroll
Premium					
Employee Only	\$459.96	\$325.41	\$29.77	\$104.78	\$52.39
Employee & Spouse	\$1,024.48	\$591.31	\$54.09	\$379.08	\$189.54
Employee & Child(ren)	\$766.76	\$510.06	\$46.66	\$210.04	\$105.02
Employee & Family	\$1,331.28	\$775.96	\$70.98	\$484.34	\$242.17
Classic					
Employee Only	\$401.60	\$325.36	\$29.76	\$46.48	\$23.24
Employee & Spouse	\$888.46	\$591.35	\$54.09	\$243.02	\$121.51
Employee & Child(ren)	\$666.20	\$510.08	\$46.66	\$109.46	\$54.73
Employee & Family	\$1,153.06	\$776.07	\$70.99	\$306.00	\$153.00
Basic					
Employee Only	\$355.16	\$325.39	\$29.77	\$0.00	\$0.00
Employee & Spouse	\$777.90	\$591.33	\$54.09	\$132.48	\$66.24
Employee & Child(ren)	\$584.92	\$510.10	\$46.66	\$28.16	\$14.08
Employee & Family	\$1,007.66	\$776.03	\$70.99	\$160.64	\$80.32

State Contribution is funded by legislation

Plan Contribution is funded by ASE Trust Fund as Claims Reserve Allocation

2016 ASE Schedule of Benefits - Basic

(Active, COBRA & Non-Medicare Retiree)

	IN-NETWORK	OUT-OF-NETWORK	
Annual Deductible - Individual	\$6,450	not covered	
Annual Coinsurance Limit - Individual	N/A	not covered	
Out-of-Pocket Max	\$6,450	not covered	
Annual Deductible - Family	\$12,900	not covered	<div style="border: 1px solid black; padding: 5px;"> The plan will pay 100 percent for individuals on family coverage when they reach the individual out-of-pocket maximum amount. </div>
Annual Coinsurance Limit - Family	N/A	not covered	
Out-of-Pocket Max - Family	\$12,900	not covered	
Paid By Plan After Satisfaction Of Deductible	100%	not covered	

COVERED BENEFITS AND SERVICES	IN-NETWORK COPAYMENT	IN-NETWORK	OUT-OF-NETWORK	APPLIES TO DEDUCTIBLE
ADVANCED IMAGING				
*Advanced Imaging (Radiology Services)	N/A	0%	not covered	Y
*Requires pre-certification				
*Charges will not apply when provided in conjunction with Emergency Room or Inpatient Hospital Services				
ALLERGY SERVICES				
Services and Specialty Providers (Office Visit, Serum Formulation and Testing)	N/A	0%	not covered	Y
Injections	N/A	\$0	not covered	Y
AMBULANCE SERVICES				
Air Ambulance Transportation	N/A	10%		N
Ground Transportation	N/A	20%		N
*Limited Benefits: \$2,000 per member per trip for ground ambulance				
BEHAVIORAL/MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT SERVICES				
Office Visit	N/A	0%	not covered	Y
Psychological Testing	N/A	0%	not covered	Y
In-Patient Services	N/A	0%	not covered	Y
Outpatient Services (Partial Hospital/Day Treatment)	N/A	0%	not covered	Y
Outpatient Services (Intensive Outpatient)	N/A	0%	not covered	Y
Residential Treatment	N/A	0%	not covered	Y
DENTAL SERVICES				
Repair to Non-Diseases Teeth Due to Accident/Injury	N/A	0%	not covered	Y

COVERED BENEFITS AND SERVICES	IN-NETWORK COPAYMENT	IN-NETWORK	OUT-OF-NETWORK	APPLIES TO DEDUCTIBLE
-------------------------------	-------------------------	------------	----------------	-----------------------

DIABETES MANAGEMENT SERVICE

Insulin Pump & Supplies	N/A	0%	not covered	Y
Glucometers	N/A	0%	not covered	Y
Diabetic Self Management Training	N/A	0%	not covered	Y

*Lancets and insulin needles for diabetics will be paid 100% by the plan for participants in the Diabetic Management Program

*Test strips must be purchased at Pharmacy Only.

*Glucometers - Provided through DME/Medical Benefit

DURABLE MEDICAL EQUIPMENT/ENTERAL FEEDING

DME/Enteral Feeding	N/A	0%	not covered	Y
---------------------	-----	----	-------------	---

*Coverage is provided for medically necessary durable medical equipment. See exclusions. Not all services require pre-certification and may be reviewed for medical necessity by AHH. Refer to Utilization Management section.

HEARING SERVICES

Hearing Screening	\$50	0%	not covered	N
-------------------	------	----	-------------	---

*Limited Benefits: One screening every three years

Hearing Aid	\$0	0%	not covered	Y
-------------	-----	----	-------------	---

*Limited Benefits: \$1,400 per ear every three years

HOME HEALTH SERVICES

Home Health Services	N/A	0%	not covered	Y
----------------------	-----	----	-------------	---

HOME INTRAVENOUS DRUGS

Home Intravenous Drugs and Solutions	N/A	0%	not covered	Y
--------------------------------------	-----	----	-------------	---

HOSPICE SERVICES

Hospice Care	N/A	0%	not covered	Y
--------------	-----	----	-------------	---

HOSPITAL SERVICES

In-Patient Services	N/A	0%	not covered	Y
Outpatient Services	N/A	0%	not covered	Y
Diagnostic Services	N/A	0%	not covered	Y
Emergency Room Visit and Observation Services	N/A	0%	not covered	Y
Urgent Care Center	N/A	0%	not covered	Y

*Visits deemed non-emergency will be treated as hospital services/outpatient.

COVERED BENEFITS AND SERVICES

IN-NETWORK
COPAYMENT

IN-NETWORK

OUT-OF-
NETWORK

APPLIES TO DEDUCTIBLE

MATERNITY AND FAMILY PLANNING SERVICES

Prenatal and Postnatal Outpatient Care	N/A	0%	not covered	Y
Inpatient Maternity Services	N/A	0%	not covered	Y

***Hospital length of stay for childbirth:** This plan complies with federal law that prohibits restricting benefits for any hospital length of stay in connection with childbirth for the mother and newborn child to less than 48 hours following a normal vaginal delivery or less than 96 hours following a caesarean section delivery

Infertility Diagnostic Evaluation: Office Visit	N/A	0%	not covered	Y
Infertility Testing	N/A	0%	not covered	Y

***Treatment for infertility is not a covered benefit under the ARBenefits Plan. Services related to Infertility are covered up to diagnosis. Testing is not covered during or following treatment.**

PHARMACY BENEFIT - REFER TO RX DRUG COVERAGE SECTION

Prescription - Generic - Tier I	N/A	0%	N/A	Y
Prescription - Preferred - Tier II	N/A	0%	N/A	Y
Prescription - Non-Preferred - Tier III	N/A	0%	N/A	Y
Prescription Specialty - Tier IV	N/A	0%	N/A	Y

***Excluded drugs, reference price drugs and brand drugs where generic is available does not apply towards the RX Out-of-Pocket Max.**

PHYSICIAN/SPECIALIST SERVICES

*Primary Care Physician Office Visit	N/A	0%	not covered	Y
*Specialist Office Visit/Specialty Care Services	N/A	0%	not covered	Y
*Other Physician Services provided under Outpatient or In-Patient Care**	N/A	0%	not covered	Y

***Includes such services as debridement and/or wound dressing changes performed in an outpatient setting with or without direct physician attention**

Medication	N/A	0%	not covered	Y
------------	-----	----	-------------	---

***This includes injectable, oral and intravenous medications**

Radiation Therapy	N/A	0%	not covered	Y
-------------------	-----	----	-------------	---

****See Professional Services under SPD - Summary of Common Services**

PREVENTATIVE CARE SERVICES

Physical Exams/Preventative Care	N/A	0%	not covered	N
Well Baby/Child Care Visits	N/A	0%	not covered	N
Immunizations	N/A	0%	not covered	N

PROSTHETIC AND ORTHOTIC DEVICES

Prosthetic and Orthotic Devices and Services	N/A	0%	not covered	Y
--	-----	----	-------------	---

REHABILITATION SERVICES (INPATIENT)

Rehabilitation Services	N/A	0%	not covered	Y
-------------------------	-----	----	-------------	---

COVERED BENEFITS AND SERVICES

IN-NETWORK COPAYMENT

IN-NETWORK

OUT-OF- NETWORK

APPLIES TO DEDUCTIBLE

REHABILITATION SERVICES (OUTPATIENT) OR OFFICE VISIT

Chiropractic	N/A	0%	not covered	Y
--------------	-----	----	-------------	---

***Limited Benefit: Fifteen (15) visits per member per plan year**

Physical Therapy	N/A	0%	not covered	Y
------------------	-----	----	-------------	---

Occupational Therapy	N/A	0%	not covered	Y
Speech Therapy	N/A	0%	not covered	Y

SKILLED NURSING FACILITY (SNF) SERVICES

SNF Services	N/A	0%	not covered	Y
--------------	-----	----	-------------	---

TEMPOROMANDIBULAR JOINT (TMJ)/DYSFUNCTION (TMD) SERVICES

TMJ/TMD	N/A	0%	not covered	Y
---------	-----	----	-------------	---

***Limited Benefit: \$1,000 per member per plan year**

TRANSPLANT SERVICES

Organ/Bone Marrow Transplant	N/A	0%	not covered	Y
------------------------------	-----	----	-------------	---

***Limited Benefit: Two (2) organ transplants of the same organ per member per lifetime.**

***Limited Benefit: \$10,000 lifetime limit for travel and lodging determined by EBD as reasonable and necessary in conjunction with transplant services.**

***Coverage is provided for transplant services subject to pre-authorization (See Utilization Management Section). Transplant services MUST be provided by approved transplant providers and facilities.**

VISION SCREENING


Vision Screening	\$50	0%	not covered	N
------------------	------	----	-------------	---

***Limited Benefit: One (1) exam every twenty-four (24) months**

Certain Limitations Apply - Please check your SPD Exclusions and Limitations section for more information

2016 ASE Schedule of Benefits - Classic

(Active, COBRA & Non-Medicare Retiree)

	IN-NETWORK	OUT-OF-NETWORK	 <div>The plan will pay 100 percent for individuals on family coverage when they reach the individual out-of-pocket maximum amount.</div>
Annual Deductible - Individual	\$2,500	\$4,000	
Annual Coinsurance Limit - Individual	\$3,950	N/A	
*Out-of-Pocket Max	\$6,450	N/A	
Annual Deductible - Family	\$5,000	\$8,000	
Annual Coinsurance Limit - Family	\$7,900	N/A	
*Out-of-Pocket Max - Family	\$12,900	N/A	
Paid By Plan After Satisfaction Of Deductible	80%	60%	
*Deductible, coinsurance and copays are included.			

COVERED BENEFITS AND SERVICES	IN-NETWORK COPAYMENT	IN-NETWORK	OUT-OF-NETWORK	APPLIES TO DEDUCTIBLE
ADVANCED IMAGING				
*Advanced Imaging (Radiology Services)	N/A	20%	40%	Y
*Requires pre-certification				
*Charges will not apply when provided in conjunction with Emergency Room or Inpatient Hospital Services				
ALLERGY SERVICES				
Services and Specialty Providers (Office Visit, Serum Formulation and Testing)	N/A	20%	40%	Y
Injections	N/A	\$0	40%	Y
AMBULANCE SERVICES				
Air Ambulance Transportation	N/A	10%		N
Ground Transportation	N/A	20%		N
*Limited Benefits: \$2,000 per member per trip for ground ambulance				
BEHAVIORAL/MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT SERVICES				
Office Visit	N/A	20%	40%	Y
Psychological Testing	N/A	20%	40%	Y
In-Patient Services	N/A	20%	40%	Y
Outpatient Services (Partial Hospital/Day Treatment)	N/A	20%	40%	Y
Outpatient Services (Intensive Outpatient)	N/A	20%	40%	Y
Residential Treatment	N/A	20%	40%	Y
DENTAL SERVICES				
Repair to Non-Diseases Teeth Due to Accident/Injury	N/A	20%	40%	Y

COVERED BENEFITS AND SERVICES	IN-NETWORK COPAYMENT	IN-NETWORK	OUT-OF- NETWORK	APPLIES TO DEDUCTIBLE
DIABETES MANAGEMENT SERVICE				
Insulin Pump & Supplies	N/A	20%	40%	Y
Glucometers	N/A	20%	40%	Y
Diabetic Self Management Training	N/A	20%	40%	Y
*Lancets and insulin needles for diabetics will be paid 100% by the plan for participants in the Diabetic Management Program				
*Test strips must be purchased at Pharmacy Only.				
*Glucometers - Provided through DME/Medical Benefit				

DURABLE MEDICAL EQUIPMENT/ENTERAL FEEDING				
DME/Enteral Feeding	N/A	20%	40%	Y
*Coverage is provided for medically necessary durable medical equipment. See exclusions. Not all services require pre-certification and may be reviewed for medical necessity by AHH. Refer to Utilization Management section.				

HEARING SERVICES				
Hearing Screening	\$50	0%	\$50	N
*Limited Benefits: One screening every three years				
Hearing Aid	\$0	20%	40%	Y
*Limited Benefits: \$1,400 per ear every three years				

HOME HEALTH SERVICES				
Home Health Services	N/A	20%	40%	Y

HOME INTRAVENOUS DRUGS				
Home Intravenous Drugs and Solutions	N/A	20%	40%	Y

HOSPICE SERVICES				
Hospice Care	N/A	20%	40%	Y

HOSPITAL SERVICES				
In-Patient Services	N/A	20%	40%	Y
Outpatient Services	N/A	20%	40%	Y
Diagnostic Services	N/A	20%	40%	Y
Emergency Room Visit and Observation Services	N/A	20%	40%	Y
Urgent Care Center	N/A	20%	40%	Y
*Visits deemed non-emergency will be treated as hospital services/outpatient.				

COVERED BENEFITS AND SERVICES	IN-NETWORK COPAYMENT	IN-NETWORK	OUT-OF- NETWORK	APPLIES TO DEDUCTIBLE
MATERNITY AND FAMILY PLANNING SERVICES				

Prenatal and Postnatal Outpatient Care	N/A	20%	40%	Y
Inpatient Maternity Services	N/A	20%	40%	Y
*Hospital length of stay for childbirth: This plan complies with federal law that prohibits restricting benefits for any hospital length of stay in connection with childbirth for the mother and newborn child to less than 48 hours following a normal vaginal delivery or less than 96 hours following a caesarean section delivery				

Infertility Diagnostic Evaluation: Office Visit	N/A	20%	40%	Y
Infertility Testing	N/A	20%	40%	Y

*Treatment for infertility is not a covered benefit under the ARBenefits Plan. Services related to infertility are covered up to diagnosis. Testing is not covered during or following treatment.

PHARMACY BENEFIT - REFER TO RX DRUG COVERAGE SECTION

Prescription - Generic - Tier I	N/A	20%	N/A	Y
Prescription - Preferred - Tier II	N/A	20%	N/A	Y
Prescription - Non-Preferred - Tier III	N/A	20%	N/A	Y
Prescription Specialty - Tier IV	N/A	20%	N/A	Y

*Excluded drugs, reference price drugs and brand drugs where generic is available does not apply towards the RX Out-of-Pocket Max.

PHYSICIAN/SPECIALIST SERVICES

*Primary Care Physician Office Visit	N/A	20%	40%	Y
*Specialist Office Visit/Specialty Care Services	N/A	20%	40%	Y
*Other Physician Services provided under Outpatient or In-Patient Care**	N/A	20%	40%	Y

*Includes such services as debridement and/or wound dressing changes performed in an outpatient setting with or without direct physician attention

Medication	N/A	20%	40%	Y
------------	-----	-----	-----	---

*This Includes injectable, oral and intravenous medications

Radiation Therapy	N/A	20%	40%	Y
-------------------	-----	-----	-----	---

**See Professional Services under SPD - Summary of Common Services

PREVENTATIVE CARE SERVICES

Physical Exams/Preventative Care	N/A	0%	40%	N
Well Baby/Child Care Visits	N/A	0%	40%	N
Immunizations	N/A	0%	0%	N

PROSTHETIC AND ORTHOTIC DEVICES

Prosthetic and Orthotic Devices and Services	N/A	20%	40%	Y
--	-----	-----	-----	---

REHABILITATION SERVICES (INPATIENT)

Rehabilitation Services	N/A	20%	40%	Y
-------------------------	-----	-----	-----	---

COVERED BENEFITS AND SERVICES

IN-NETWORK COPAYMENT

IN-NETWORK

OUT-OF- NETWORK

APPLIES TO DEDUCTIBLE

REHABILITATION SERVICES (OUTPATIENT) OR OFFICE VISIT

Chiropractic	N/A	20%	40%	Y
--------------	-----	-----	-----	---

***Limited Benefit: Fifteen (15) visits per member per plan year**

Physical Therapy	N/A	20%	40%	Y
------------------	-----	-----	-----	---

Occupational Therapy	N/A	20%	40%	Y
----------------------	-----	-----	-----	---

Speech Therapy	N/A	20%	40%	Y
----------------	-----	-----	-----	---

SKILLED NURSING FACILITY (SNF) SERVICES

SNF Services	N/A	20%	40%	Y
--------------	-----	-----	-----	---

TEMPOROMANDIBULAR JOINT (TMJ)/DYSFUNCTION (TMD) SERVICES

TMJ/TMD	N/A	20%	40%	Y
---------	-----	-----	-----	---

***Limited Benefit: \$1,000 per member per plan year**

TRANSPLANT SERVICES

Organ/Bone Marrow Transplant	N/A	20%	40%	Y
------------------------------	-----	-----	-----	---

***Limited Benefit: Two (2) organ transplants of the same organ per member per lifetime.**

***Limited Benefit: \$10,000 lifetime limit for travel and lodging determined by EBD as reasonable and necessary in conjunction with transplant services.**

***Coverage is provided for transplant services subject to pre-authorization (See Utilization Management Section). Transplant services MUST be provided by approved transplant providers and facilities.**

VISION SCREENING

Vision Screening	\$50	0%	\$50	N
------------------	------	----	------	---

***Limited Benefit: One (1) exam every twenty-four (24) months**

Certain Limitations Apply - Please check your SPD Exclusions and Limitations section for more information

Retirement-Arkansas Public Employees Retirement (APERS)

Employee pays 5% of their gross into retirement

Agency currently matches 12.46% of the employee's gross into retirement

Effective 7/1/11 agency will match 13.47%

Employee vests after 5 years.

Life Insurance--Minnesota Life

Agency pays for \$10,000 life policy for employee--regardless if employee gets additional life insurance with company. Employee may get additional life insurance for themselves and for spouse and dependents.

Deferred Comp--ING--Arkansas Diamond Deferred Comp Plan-457B Plan

Employee may elect to participate to supplement retirement

Vision Insurance--Humana CompBenefits

Health Insurance covers basic eye exam and Humana covers glasses and contacts when using a participating eye care center

Supplemental Insurances

Have several companies that handle all kinds of policies for cancer, dental, funeral services, short & long term disability, accident, heart, renters insurance, homeowners & car insurance and many others that can all be payroll deducted Companies--ASEA-SEBCo; AFLAC, Liberty Mutual, Consecro, National Teachers Association, MetLife, & Colonial Life and others.

Direct Deposits

Employee must have direct deposit for net pay and may have an additional 4 direct deposits to other checking or savings accounts which may be with current bank or with another bank or credit union.

Questions: contact one of the following

Doris F. Williams--Asst. Payroll/Benefits Mgr.--501-280-4538

e-mail doris.f.williams@arkansas.gov

Vicki Fleming--Payroll/Benefits Mgr.--501-671-1438

e-mail vicki.fleming@arkansas.gov

Summary

This notice is provided on behalf of the Arkansas Public Employees' Retirement System (the "System") to persons who become employees of a public employer who participates in the System. This notice provides important information about membership and enrollment in the System.

Membership Provisions

Membership as a Condition of Employment

All employees of participating public employers must become members of the System as a condition of employment. "Employees" means all officers and employees of any office, agency, board, commission or department of a public employer whose compensations are payable from funds appropriated by the employer or payable in whole or part from federal funds.

Membership Exclusions

"Employees" does not include the following persons:

- Persons who are members of any other state-authorized retirement system, except the following persons who may participate in another state-authorized retirement system:
 - Members of the General Assembly,
 - Persons participating in the Local Police and Fire Retirement System (LOPFI) because of their status as voluntary firefighters, and
 - Persons who have dual full-time employment in separate positions covered by APERS and LOPFI.
- Persons employed with the intent of working less than ninety (90) consecutive calendar days,
- Persons who do not work at least eighty (80) hours per month during a period of ninety (90) consecutive calendar days, and
- Persons whose rate of pay is less than the federal minimum wage.

If employees meet any of the above conditions, they are excluded from membership and should not be enrolled in the System. Please see the *Excluding Employees from Membership* publication for more information about this topic.

Member Contributions

Employees who are first hired on or after July 1, 2005 are subject to the contributory provisions of the System. Under these provisions, members contribute five percent (5%) of their pre-tax compensation to the System. Their payroll officers must deduct contributions on every payroll from the date they enter the System until the date membership ends.

When deducted, members' contributions are credited to their individual deposit accounts where they accumulate and earn interest at a rate of four percent (4%) per year.

Employees who were first hired on or after January 1, 1978 through June 30, 2005 participate under the non-contributory provisions of the System. They do not contribute a portion of their compensation to the System. Non-contributory members who terminate employment for a period of less than six (6) months and later return to covered employment are not subject to the contributory provisions and can remain non-contributory. Please see the *Returning to Covered Employment* publication for more information about this topic.

Member Service Credit

Members earn retirement service credit based on the number of hours of service they render to a public employer during a calendar month. Members earn one (1) month of retirement service credit if they render eighty (80) or more hours of service during a calendar month.

Enrollment Status

When employees are enrolled in the System, they are classified into one of the three following enrollment statuses: an Active Member, a Deferred Retirement Option Plan (DROP) Participant, or a Retired Member. Their enrollment status determines whether they contribute a portion of their compensation to the System and earn service credit.

Active Members

Active members are not receiving retirement benefits. They must contribute a portion of their compensation to the System, and they earn service credit towards retirement.

DROP Participants

DROP participants are eligible to receive a retirement benefit but have elected to defer the receipt of their benefits while they continue to work for up to seven (7) years. They receive deposits in their deferred option account each month in which they render eighty (80) hours of service. They do not contribute a portion of their compensation to the System nor do they earn service credit.

Retired Members

Retired members are receiving retirement benefits. They may return to work and continue to receive their benefits provided that they met the termination requirements for retirement. They do not contribute a portion of their compensation to the System nor do they earn service credit.



New Hire and Newly Eligible Employees

Generally, employees are enrolled in the System when they are new hires of a public employer, and their enrollment date is their date of hire. However, employees also can be enrolled when they are newly eligible because they no longer meet a membership exclusion. Their enrollment date is the date they no longer meet the exclusion.

For example, an employee was hired on January 1 to work 60 hours per month. Beginning April 15, the employee will work 80 hours per month. The employee's enrollment date should be April 15 and the original hire date is January 1. This applies to active members and retired members.

Reciprocal Systems

The State of Arkansas-authorized retirement systems or plans listed below are reciprocal systems:

- The Arkansas Teacher Retirement System (ATRS),
- The Arkansas Public Employees' Retirement System (APERS),
- The Arkansas State Highway Employees' Retirement System (ASHERS),
- The Arkansas State Police Retirement System (ASPRS),
- The Arkansas Judicial Retirement System (AJRS),
- The Arkansas Local Police and Fire Retirement System (LOPFI), and
- An alternate retirement plan for a college, university, vocational-technical school, the Department of Higher Education or the Department of Career Education (ex: TIAA-CREF, VALIC, or Fidelity).

Reciprocal Provisions

If employees left a position covered by a reciprocal system, they may use the credited service in that system plus any future credited service in this system to meet minimum service requirements for benefits from both systems. To use the reciprocal provisions, their participation in the system that they left must meet the following conditions:

- They must have credited service,
- They must have not withdrawn their accumulated contributions, and
- They must not be receiving a retirement annuity.

Active Membership in Reciprocal Systems

With the exception of the LOPFI members and General Assembly members mentioned in the Membership Provisions section, employees may not participate in more than one reciprocal system at the same time. Employees should not be enrolled in the system if they indicate that they will continue to be active members in a reciprocal system.

Completing the Request Form

To enroll employees in the system, an *Employee Enrollment Request* form must be completed and submitted to our office. The form must be completed by employees and employer personnel or benefits representatives.

The following information explains how to complete sections I through IV of the *Employee Enrollment Request* form.

I. Employee Information

Employees must provide the personal data and contact information under which the System will establish their enrollment record. The personal data includes their Social Security Number (SSN), name, date of birth, and marital status; and the contact information includes their mailing address, email address and daytime telephone number.

The SSN and date of birth become a permanent part of members' retirement records, and this data should be carefully reviewed for accuracy before the form is submitted. If members' other personal data or contact information changes during their membership, they can submit an *Enrollment Change Request* form.

II. Reciprocal System Information

Employees must indicate if they have credited service in any reciprocal systems. Employees who indicate service in a reciprocal system must complete the remaining questions regarding active membership, withdrawn contributions, and receiving a retirement annuity. Employees who participated in an alternate plan must also provide the name of the employer.

III. Employment Information

Employer representatives must complete this section to provide information about employees' public employer and about their employment. The public employer information includes the five-digit APERS employer number and the employer name; and the employee information includes the enrollment status, enrollment date, enrollment reason, position, planned monthly hours and hourly rate.

IV. Enrollment Certifications

Employees and employer personnel or benefits representatives must sign this section to acknowledge that they read this publication and to certify that the information provided on the enrollment form is true and complete.

Obtaining Additional Information

If you have questions about employee enrollment, please contact a call center representative toll free at (800) 682-7377.