University of Hawai‘i
Retirement Contribution Election
While on Workers’ Compensation Disability Benefits
For Supplemental Lost Wages Portion (33 1/3% of weekly wages)
(Members of Contributory and Hybrid Retirement Plans Only)

In accordance with Section 88-51, Hawaii Revised Statutes, eligible employees on workers’ compensation disability benefits, who are not supplementing the lost wages portion with paid leave, may elect to make contributions to the State Employees’ Retirement System (ERS). (Attachment 1)

1. Should an employee elect to make contributions for supplemental lost wages portion while on leave, the employee shall notify the ERS directly. The ERS will issue the Purchase of Service Credit Form (EC&B 26) which will allow the employee to select an option to purchase service credit.

2. Should an employee elect to make contributions upon return to work, the Personnel Representative shall submit a cover letter (Attachment 2), copy of the UH Form 95, Retirement Contribution Election While on Workers’ Compensation Disability Benefits (Attachment 1) and the Payroll Notification Form (PNF) to the ERS within 30 days from the employee’s return to duty. The ERS will issue the Purchase of Service Credit Form (EC&B 26) which will allow the employee to select an option to purchase service credit by “Lump Sum Payment” or “Payroll Deductions.”

   a. Should an employee elect to purchase service credit by “Lump Sum Payment,” payment must be made to the ERS within 60 days from the date of notice. Otherwise, the payment amount will be recalculated based on the employee’s current salary. Payment may be made in the form of a personal check or from funds transferred from a Tax Sheltered Annuity.

   b. Should an employee elect to purchase service credit by “Payroll Deductions,” contributions will be based on the actual monthly salary and the retirement contribution rate. The total amount paid will depend upon any salary changes within the period of purchase and will be in addition to the normal required contributions to the ERS. The ERS will prepare the required forms and forward to the employee. Deductions will start approximately one month after the ERS receives the signed documents. The deduction period shall not exceed 60 months.
University of Hawai‘i

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Name: ____________________________________________________________

Address: _________________________________________________________

Job Title: ______________________ Work Phone No.: _________________

Department/Division: ___________________ Home Phone No.: _________

I hereby acknowledge that I have elected to (check one):

______ Make retirement contributions for supplemental lost wages portion
(33 1/3% of weekly wages) while on leave. I will notify the ERS directly.

______ Not make any retirement contributions while on leave for the supplemental
lost wages portion (33 1/3% of weekly wages) and will purchase service
credit upon my return to work.

The anticipated period of my Workers’ Compensation Disability is from

____________________, 20___ thru ____________________, 20___.

_________________________________________  ______________________
Signature of Employee Date

UH Form 95
Cover Letter

To:       State of Hawaii Employees’ Retirement System

From:     (Name of Personnel Representative), Title,
          University of Hawai’i, College/School

Subject: Request to Purchase Service Credit

Employee’s Name:______________________________________________

Duration of leave: From _________________ to _________________

Reason for leave of absence (check one):

_____ Professional Improvement/Sabbatical Leave/Study Leave with Half-Pay

_____ Professional Improvement or Educational Leave without Pay

_____ Workers’ Compensation Disability (66 2/3% of weekly wages only)

The employee has returned from leave and has elected to purchase service credit for the period of the above leave. Please prepare and forward the Purchase of Service Credit Form (EC&B 26) to the employee.

___________________________________________  ______________________________
Signature of Personnel Representative             Date

Attachment: PNF
            Retirement Contribution Election Form (UH Form 95)