



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ELECTION TO RECEIVE FIVE-YEAR CREDIT PURSUANT TO NMI CONSTITUTION ARTICLE III, § 20(B) *(for new retirees only)*

I HEREBY SUBMIT THIS ELECTION PURSUANT TO NMI CONSTITUTION ARTICLE III, § 20(B).	
1. NAME OF RETIREE (Last Name, First Name, Middle Initial)	2. U.S. SOCIAL SECURITY NUMBER
3. CURRENT MAILING ADDRESS	4. E-MAIL ADDRESS
5. ELECTION TO RECEIVE FIVE-YEAR CREDIT <input type="checkbox"/> I understand that by electing to avail of the five (5) year credit pursuant to NMI Constitution Article III, § 20(b), I may be subject to suspension or forfeiture of retirement benefits if reemployed by the NMI Government, or any of its instrumentalities or agencies, subject to the reemployment limitations set forth therein and in 1 CMC § 8392(a)(1)-(5).	
6. ACKNOWLEDGMENT OF DISCLOSURE OF REEMPLOYMENT AND CONTRIBUTIONS REQUIRED <input type="checkbox"/> I understand that I must disclose reemployment to the Settlement Fund and that employee contributions during the re-employment term must be remitted to the Settlement Fund based on the applicable rate pursuant to the Settlement Agreement entered in <i>Johnson v. Inos</i> , Civil Action No. 09-00023, in the NMI District Court.	

Member's Signature

Date

FOR SETTLEMENT FUND USE ONLY:	
Received by: _____	Date: _____
	If mailed, postmark date: _____

SF-2H (6/2023)