

**Benefits Design and Management**

# Finalizing your retirement



# Introductions



# Agenda



- **Emeritus College**
- **ASU Retiree Association**
- **ASU retirement process**
- **Retirement plans**
- **Retiree benefits**
- **Important deadlines**

# Retirement terminology and acronyms

ADOA:	Arizona Department of Administration
ASRS:	Arizona State Retirement System
COBRA:	Consolidated Omnibus Budget Reconciliation Act
FSA:	Flexible Spending Account
HSA:	Health Savings Account
GAO:	General Accounting Office
ORP:	Optional Retirement Plan
RASL:	Retiree Accumulated Sick Leave



**Learn more**

**480-965-0002**

**[emerituscollege.asu.edu](https://emerituscollege.asu.edu)**



# The Emeritus College

- Membership is not automatic.
- One-time small fee for membership.
- Open to all Emeritus status Faculty.
- Presently have over 525 faculty members.

Sponsored programs include

- Colloquia.
- Funded grant opportunities such as Barrett Emeritus Fellowship, Emeritus Faculty Fellowship, Research and Creativity Grants and Undergraduate Research Internship.
- Lectures and courses.
- The Emeritus Press—Emeritus College Newsletter and Emeritus Voices journal.

Learn more: [emerituscollege.asu.edu](https://emerituscollege.asu.edu)



**Learn more**  
**480-965-7668**  
**[asura.asu.edu](https://asura.asu.edu)**



# ASU Retirees Association

- Advocates for retirees, lobbying for their best interests at the State Legislature, with State agencies and with ASU departments and leaders for access to university services.
- Offers a range of activities including
  - Fall, Holiday and Spring luncheons.
  - Local, state, national and international trips.
  - Seminars with topics of interest to retirees.
- Sponsors programs that contribute to the community, including an annual student scholarship, book drive and an Adopt-a-Family project.
- Upon retirement, ASU employees are afforded membership for the first year with modest annual membership dues each subsequent year.

Learn more: [asura.asu.edu](https://asura.asu.edu)



# Retirement Plans



# Retirement eligibility: ASU

## To retire from ASU, you must:

- Be at least age 50, or age 41 if a PSPRS member.
- Be receiving a retirement annuity under an Arizona university-sponsored retirement program.
- Complete at least five years of continuous, full-time employment in the Arizona University System immediately preceding retirement.
- Not have been involuntarily terminated from employment by the university for cause.

Learn more: [cfo.asu.edu/retiring-asu](https://cfo.asu.edu/retiring-asu)

# Retirement eligibility: ASRS

Normal retirement is the earliest you may retire with a full benefit as calculated by the ASRS benefit formula. A normal retirement date occurs under the earliest of the following situations:

## ASRS membership prior to July 1, 2011

- Age 65 with any years of ASRS credited service.
- Age 62 with 10 or more years of ASRS credited service.
- 80 points: Combination of age and years of ASRS credited service.

## ASRS membership on or after July 1, 2011

- Age 65.
- Age 62 with 10 or more years of ASRS credited service.
- Age 60 with 25 or more years of ASRS credited service.
- Age 55 with 30 or more years of ASRS credited service.

# Retirement eligibility: ORP

## Optional Retirement Plan (ORP)

- Early retirement occurs at any age prior to age 65.
- Normal retirement occurs at age 65.
- TIAA or Fidelity

# Voluntary retirement plans

**Arizona University System  
Voluntary 403(b) Plan**

**State of Arizona Deferred  
Compensation 457(b) Plan**

**Learn more**

[cfo.asu.edu/voluntary-retirement-program](https://cfo.asu.edu/voluntary-retirement-program)



# Starting the process

# Begin your retirement process

## Step one

- Decide the date when you want to retire from ASU
- **Recommendation:** Begin the process at least two to three months before you retire.

## Important

- Your retirement effective date will be the first day you are no longer an ASU employee.
- If you have accrued vacation hours, you are eligible for a payout of up to one year's accrual (176 hours).
- ***Vacation use in the final pay period of employment will affect your final vacation payout hours.***
- Your final paycheck should be enough to cover all your benefits.

# Begin your retirement process

## Step two

Notify important parties

Send written notification to:

- Your department
- ASU HR Benefits:  
[HR\\_Retirement@asu.edu](mailto:HR_Retirement@asu.edu)
- Your retirement plan
- Social Security Administration



# Begin your retirement process

## Step three

- Your department must take action to process your retirement and vacation payout
- Submit retirement Personnel Transaction Request (PTR).
- Submit vacation payout request.
- **Recommendation**
- Before you retire, remind your department HR representative or your supervisor to complete these tasks.

# Transitioning benefits



# When will employee benefits end?

## ASU benefits

- ASU benefits end at midnight on the last day of the pay period in which you last worked, if applicable, or when your accrued vacation time is used.
- Payroll calendar: <https://cfo.asu.edu/payroll-calendars>.
- **Note:** Vacation payouts do not extend the benefits coverage.

## Farmers Group Insurance (formerly MetLife)

- Call Farmers to request home billing.

## Unum Long-Term Care Insurance

- Call Unum to request home billing.

Learn more: [cfo.asu.edu/voluntary-benefit-plans](https://cfo.asu.edu/voluntary-benefit-plans)

# Retiree health care overview

- State-sponsored retiree health care benefits through ASRS and/or ADOA.
- Health benefits through your spouse's employer.
- Health benefits offered by other organizations or companies.
- Benefits coordination with Medicare.

# ADOA retiree health insurance

- Eligibility criteria
- Enrollment deadline
- Effective date of coverage
- New ID cards
- ASRS Premium Benefits Subsidy program
- Open Enrollment



**Learn more:** 602-542-5008  
[benefitoptions.az.gov](https://benefitoptions.az.gov)

[ADOA Retired State Employees Benefits Guide](#)

# ADOA plan options

## Medical

### Triple Choice Plan

BlueCross BlueShield of Arizona

United Healthcare

## Dental

### Prepaid

2023-UHC  
Solstice

### PPO

Delta Dental

## Vision

(medical and/or dental  
coverage must also be elected)

Avesis

# ASRS retiree health insurance

- Eligibility criteria (ASRS and ORP)
- Enrollment deadline
- Effective date of coverage
- New ID cards
- Open Enrollment
- Premium Benefits Subsidy program (ASRS only)



**Learn more:** 602-240-2000

[www.azasrs.gov](http://www.azasrs.gov)

[ASRS Retiree Group Insurance Enrollment Guide](#)

# ASRS plan options

Medical from United Healthcare		Dental from Sun Life Financial		Vision Service Plan	
Non-Medicare	Medicare	Nationwide	Select states	Non-Medicare	Medicare
Choice Premier (Nationwide in-network coverage)	Group Medicare Advantage HMO (AZ in-network only)	Delta Dental (high option)	2023-UHC Solstice DHMO	Included with all four Choice plans	Included with Group Medicare Advantage plan
Choice Value (Nationwide in-network coverage)	Group Medicare Advantage PPO (Nationwide in and out-of-network)	Delta Dental (low option)		Discount plan included with Delta Dental coverage	Discount plan included with Delta Dental coverage
Choice Economy (Nationwide in-network coverage)					
Choice Plus PPO (Nationwide in and out-of-network)					

Solstice DHMO is not available in: Alabama, Alaska, Arkansas, Delaware, Idaho, Iowa, Louisiana, Maine, Mississippi, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, Rhode Island, South Dakota, Vermont, West Virginia, Wyoming, Guam, Puerto Rico, and US Virgin Islands.



# ASRS retiree premium payments and premium benefit subsidy program

- Eligibility criteria
  - Must have been an ASRS participant.
  - Must enroll in insurance through either the ASRS or ADOA.
  - Must have five or more years of credited service in ASRS.
- Benefit up to \$260 per month.
- ASRS pension recipients.



**Learn more:** 602-240-2000

[www.azasrs.gov](http://www.azasrs.gov)

[ASRS Retiree Group Insurance Enrollment Guide](#)  
[ADOA Retired State Employees Benefits Guide](#)

# Basic premium benefit subsidy amounts

	Without Medicare		With Medicare A & B		Combinations	
Years of Service	Retiree Only	Retiree and Dependents	Retiree Only	Retiree and Dependents	Retiree and Dependents, one with Medicare, the other(s) without	Retiree and Dependent with Medicare, other dependents without
Arizona State Retirement System (ASRS) Members						
5.0-5.9	\$75.00	\$130.00	\$50.00	\$85.00	\$107.50	\$107.50
6.0-6.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
7.0-7.9	\$105.00	\$182.00	\$70.00	\$119.00	\$150.50	\$150.50
8.0-8.9	\$120.00	\$208.00	\$80.00	\$136.00	\$172.00	\$172.00
9.0-9.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
10.0 +	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

# Life insurance options

## Conversion privileges

- ADOA Life: Basic Life, Supplemental Life and/or Dependent Life.
- ASU Life: Basic Life, Supplemental Life and/or Dependent Life.

## Securian Retiree Life Insurance

- Available only if already are enrolled in ASU Supplemental Life.
- Subject to meeting eligibility criteria.
- Retiree \$5,000
- Spouse \$2,000
- Children \$1,000

# Flexible spending accounts

- FSAs end on the last day of the pay period in which you retire.
- Dependent care FSAs cannot be continued under COBRA.
- Contact ASI Flex for information on continuing Healthcare FSAs under COBRA.



**Learn more:** 800-659-3035

[asi@asiflex.com](mailto:asi@asiflex.com)

# Final check and vacation payout

- You are eligible for a payout of accrued vacation hours upon retirement, up to 176 hours.
- Maximum paid vacation leave on your final pay date cannot exceed one year's accrual. This includes vacation time used to extend your employment.
- Vacation payouts are issued on a separate check and are taxed at 25%.

[SPP 702-01 Vacation Leave Benefits](#)

[ACD 704-01 Vacation Leave](#)

# Retiree accumulated sick leave program



# Retiree accumulated sick leave program (RASL)

- Purpose
- Eligibility
- Benefit
- Deadline
- Payout Schedule



**Learn more:**

RASL online [www.gao.az.gov/payroll/rasl](http://www.gao.az.gov/payroll/rasl)

RASL Program Coordinator  
602-542-6222

# RASL Form

State of Arizona  
Arizona Department of Administration  
General Accounting Office

CHECKLIST WITH INSTRUCTIONS  
For RASL Application (GAO-SL-50)  
For University Retirees

RETIREE ACCUMULATED SICK LEAVE (RASL) PROGRAM  
To be emailed to RASL@azdoa.gov

Retiree Section of GAO-SL-50	University Section of GAO-SL-50
<input type="checkbox"/> Provided required personal information. Missing or illegible information may delay processing.	<input type="checkbox"/> Verify retiree section is accurate and complete.
<input type="checkbox"/> Retirement System selected from one of the five choices, and Retirement Date provided (not last day of work).	<input type="checkbox"/> Retiree must submit signed Form GAO-SL-50.
<input type="checkbox"/> If applicable, enrolled with the state-sponsored deferred compensation provider prior to separation date.	<input type="checkbox"/> University RASL Liaison name and contact information. Person to be contacted for RASL application issues.
<input type="checkbox"/> If applicable, emailed <b>RASL Deferral Notification Form</b> directly to the state-sponsored deferred compensation provider at phxazrav@nationwide.com or faxed to 602-650-1278. Do not give it to your university deferred compensation rep.	<input type="checkbox"/> For ORP or FED Retirees: Attach letter confirming ORP or FED retirement date.
<input type="checkbox"/> Selected preferred payment method: direct deposit or paper check (warrant). Please provide a VOID check with printed name or a letter from your financial institution. Starter checks and deposit slips are not acceptable. Handwritten account information is not acceptable.	<input type="checkbox"/> <b>SEPARATION DATE:</b> Attach documentation to verify separation date.
<input type="checkbox"/> <b>Federal Tax Withholdings (IRS Form W-4)</b>	<input type="checkbox"/> <b>DATE OF FINAL PAYCHECK:</b> Complete after final payment for all wages and accrued leave (if any) has been made.
<input type="checkbox"/> <b>Arizona Tax Withholdings (AZDOR Form A-4)</b> Attached Forms IRS W-4 and AZDOR A-4.	<input type="checkbox"/> <b>SICK LEAVE BALANCE:</b> Attach documentation to verify sick leave balance.
<input type="checkbox"/> Current withholdings forms can be obtained on the RASL website or at www.irs.gov and www.azdor.gov. Claiming "EXEMPT" from tax withholdings requires that you submit a new IRS W-4 and/or AZDOR A-4 each calendar year to the GAO-RASL Program in Phoenix.	<input type="checkbox"/> <b>HOURLY RATE ON SEPARATION DATE:</b> Attach documentation to verify hourly rate of pay to four decimals (\$xx.xxxx)
<input type="checkbox"/> Completed beneficiary information or wrote "NONE." Initialed all eight (8) certification statements.	<input type="checkbox"/> Show your calculation of hourly rate of pay. Show annual salary divided by the appropriate annual hours worked (such as 2080, 1560 or 1520.)
<input type="checkbox"/> Form must be signed and dated by retiree or beneficiary.	<input type="checkbox"/> <b>UNIVERSITY CERTIFICATION AND SIGNATURE:</b> Form GAO-SL-50 is invalid if not signed by University RASL Liaison. Please check whether you believe this is or is not a valid claim against the State.
<input type="checkbox"/> Submit your RASL Application Form GAO-SL-50 to the University RASL Liaisons in Human Resources or Fiscal Services.	<div style="border-top: 1px solid black; height: 1.2em; margin-top: 10px;"></div> University RASL Liaison Signature and Date
<input type="checkbox"/> Remember to communicate directly with the GAO-RASL Program at RASL@azdoa.gov if you change your address or bank account. RASL does not share this information with the Retirement Systems or with the Universities.  After your first RASL payment you will be provided access to your GAO-RASL payroll account at yes.az.gov.	
<div style="border-top: 1px solid black; height: 1.2em; margin-top: 10px;"></div> Retiree or Legal Representative Signature and Date	

RASL University Checklist (revised 4/06/20)

## RASL Checklist



# RASL Form

## Application and Certification Form Retiree Accumulated Sick Leave (RASL) Program

**State of Arizona**  
**Arizona Department of Administration**  
**General Accounting Office**

**APPLICATION AND CERTIFICATION FORM**  
**Retiree Accumulated Sick Leave (RASL) Program**  
Pursuant to the State of Arizona Accounting Manual 5575 and A.R.S. § 38-615 and § 38-616

RASL Website: [gao.az.gov/payroll/rasl](http://gao.az.gov/payroll/rasl) ☐ Original Request ☐ Change of Information ☐ I have participated in RASL before

RETIREE SECTION											
SOCIAL SECURITY #	LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE							
MAILING ADDRESS (Can be updated anytime via <a href="http://HRSystems.azdoa.gov">HRSystems.azdoa.gov</a> )		CITY	STATE	ZIP CODE							
RETIREMENT SYSTEM <input type="checkbox"/> ASRS <input type="checkbox"/> ORP <input type="checkbox"/> PSPRS <input type="checkbox"/> HD, WRS, DC, WRS, ARMS	RETIREMENT DATE (not separation date)	PHONE NUMBER	PERSONAL EMAIL ADDRESS (for RASL correspondence)	HRIS/YES EIN (generally leave blank)							
<b>DEFERRED COMPENSATION:</b> <input type="checkbox"/> WANT <input type="checkbox"/> DO NOT WANT to defer a portion of my first RASL payment. To defer, I understand I must: 1) Enroll in Deferred Compensation directly with the state-sponsored deferred compensation provider prior to separation from employment; and 2) Email the <b>RASL Deferral Notification Form</b> directly to the state-sponsored deferred compensation provider; and 3) If retiring after Sept. 1st, I must ensure that this application is received by the GAO within 30 calendar days after separation to be eligible to defer under IRS deadlines.											
<b>DISBURSEMENTS:</b> (Select 1 of the following 3 options) <input type="checkbox"/> Please pay me by check (warrant) <input type="checkbox"/> I want to use my Direct Deposit Account already setup in HRIS/YES indicated below: (Enter the last 4 digits of the account number) <input type="text"/> <input type="checkbox"/> Use ACH Routing Number: <input type="text"/> Account Number: <input type="text"/> For this option, you MUST attach either a void check, a letter, or direct deposit authorization statement printed by your financial institution showing YOUR NAME, YOUR ADDRESS, ROUTING NUMBER and YOUR ACCOUNT NUMBER. Deposit slips and stubs checks do not qualify.			<b>INCOME TAX WITHHOLDING:</b> RASL payments are supplemental wages reported on an IRS W-2. <input type="checkbox"/> I am paid through HRIS/YES, am not tax exempt, and choose to apply my current tax withholding elections to my RASL pay. <input type="checkbox"/> I have attached a current year signed W-4 and A-4 indicating the Federal and State tax withholdings desired and know I can update these via <a href="http://HRSystems.azdoa.gov">HRSystems.azdoa.gov</a> .								
NAME AND ADDRESS OF ONE BENEFICIARY (if you choose No Beneficiary, indicate "NONE")			PHONE NUMBER								
<b>RETIREE CERTIFICATIONS:</b> I certify that the information on this form is correct to the best of my knowledge. I certify with initials ALL of the following:											
Initial	I understand that I must retire from an authorized State of Arizona retirement system with an effective retirement date not later than 31 CALENDAR DAYS following my separation of employment from State service. If I retire any later, I will not be eligible for RASL.		Initial	I believe that at the time of my separation from State service, I had, or will have, at least 500 usable sick leave hours. I understand that all usable sick hours in excess of 1,500 must be irrevocably forfeited.							
Initial	I understand that if I elect a lump sum withdrawal from my retirement account, it may be considered a forfeiture of my retirement, and I will not be eligible for RASL.		Initial	I understand my RASL Benefit will be calculated as follows: <table border="1"><tr><td>Usable sick leave hours at separation (not less than 1,500)</td><td>X</td><td>Hourly rate of pay at separation</td><td>X</td><td>Percentage (based on years of service and form factor): 20% (100 - 149) 30% (150 - 249) 50% (250 - 499) 70% (500 - 999) 80% (1,000 - 1,500)</td><td>=</td><td>RASL Benefit (capped at \$30,000)</td></tr></table>	Usable sick leave hours at separation (not less than 1,500)	X	Hourly rate of pay at separation	X	Percentage (based on years of service and form factor): 20% (100 - 149) 30% (150 - 249) 50% (250 - 499) 70% (500 - 999) 80% (1,000 - 1,500)	=	RASL Benefit (capped at \$30,000)
Usable sick leave hours at separation (not less than 1,500)	X	Hourly rate of pay at separation	X	Percentage (based on years of service and form factor): 20% (100 - 149) 30% (150 - 249) 50% (250 - 499) 70% (500 - 999) 80% (1,000 - 1,500)	=	RASL Benefit (capped at \$30,000)					
Initial	I understand I have a maximum of 180 CALENDAR DAYS following my effective retirement date to ensure that this form is received by the GAO. If I apply any later, I will not be eligible for RASL.		Initial	I understand that if I timely apply and the GAO has determined I am eligible for the RASL program, my RASL benefit will be scheduled in 3 equal annual payments. I understand that RASL payments are subject to Federal, AZ State, Social Security, and Medicare taxes.							
Initial	I understand that for RASL purposes, I can only retire once per retirement plan and the total value received under this program, per person, per retirement system, cannot exceed \$30,000.		Initial	I understand the first RASL payment is generally available within 60-90 days after a qualified, complete application has been received by the GAO (not 60-90 days from retirement) and I also understand any excess disbursement may be offset against future payments.							
RETIREE OR LEGAL REPRESENTATIVE SIGNATURE: _____			DATE: _____								
RETIREE: Email this application to your agency RASL liaison. Please remember, however, it is totally and exclusively your responsibility to follow up to ensure the GAO receives your documents timely.											
<b>AGENCY SECTION</b>											
AGENCY NAME	AGENCY CONTACT EMAIL ADDRESS		PHONE NUMBER								
RETIREE SEPARATION DATE	DATE OF RETIREE FINAL PAYCHECK	RETIREE SICK LEAVE BALANCE (Hours) UPON SEPARATION	RETIREE HOURLY RATE ON SEPARATION DATE								
<b>AGENCY CERTIFICATION:</b> I certify, to the best of my knowledge, that the sick leave balance, hourly rate, and other information shown above is correct (supporting documentation attached) and all final wages have been paid. I believe this <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a valid claim against the State.											
PRINT NAME: _____		SIGNATURE: _____		DATE: _____							
Agency to Email completed form to <a href="mailto:RASL@azdoa.gov">RASL@azdoa.gov</a>											
Retiree Accumulated Sick Leave Program, General Accounting Office, 100 N. 15th Avenue, Suite 302, Phoenix, AZ 85007. Email: <a href="mailto:RASL@azdoa.gov">RASL@azdoa.gov</a> Phone: (602) 542-6222 RASL Website: <a href="http://gao.az.gov/payroll/rasl">gao.az.gov/payroll/rasl</a> Paystubs and W2s: <a href="http://paydocs.az.gov">paydocs.az.gov</a>											
GAO-SL-50 (9/20)		Print Form									

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Certificate</b>		OMB No. 1545-0074
	Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		
<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial		(b) Social security number
	Last name		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	Address		
	City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p>
---	---

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependent and Other Credits	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$</p> <p>Multiply the number of other dependents by \$500 . . . . . \$</p> <p>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .</p>	3	\$
<b>Step 4</b> (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2024)

# W-4 Employee's Withholding Certificate

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

☐ 1 Withhold from gross taxable wages at the percentage checked (check only one percentage):

☐ 0.5% ☐ 1.0% ☐ 1.5% ☐ 2.0% ☐ 2.5% ☐ 3.0% ☐ 3.5%

☐ Check this box and enter an extra amount to be withheld from each paycheck ..... \$

☐ 2 I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE

DATE

### Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

#### What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

#### New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.

#### Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

#### What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

#### Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

#### Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

# A-4 Employee's Arizona Withholding Election

# Retirement perks from Arizona State University



# ASU retiree benefits

- Athletic event tickets
- ASU Sun Card\* (retiree status)
- Bookstore discount
- Email account\*
- Employee Assistance Office
- Equipment purchase
- Gammage event tickets
- Library privileges
- Parking permits\*
- Qualified Tuition Reduction Program
- Sun Devil Fitness Complex membership\*
- University Club membership\*
- Verizon Wireless\*\*

[www.asugammage.com/etickets](http://www.asugammage.com/etickets)

**\*Contact the applicable department directly to continue or initiate these benefits.**

**\*\*No retiree benefit, but 15% discount continues until account is audited.**

# Returning to work after retirement



# Working after retirement

Under IRS regulations and state-authorized retirement systems, no oral, written or expressed agreement to return to work can be made before you retire.

Retirement plan	Arizona State Retirement System (ASRS)	Optional Retirement Plan (ORP)
Period between retirement and rehire	1 full pay period and compliance with ASRS rules	<b>Faculty and Academic Professionals:</b> 1 full semester <b>Staff:</b> 90 calendar days
Plan rules	ASRS Working After Retirement Guidelines	ORP Return to Work Guidelines

# Working after retirement

## Learn more

### All retirees

- [cfo.asu.edu/working-after-retirement](https://cfo.asu.edu/working-after-retirement)
- [SPP 206: Post-retirement Employment](#)

### ASRS retirees

- [cfo.asu.edu/asrs-plan](https://cfo.asu.edu/asrs-plan)
- [www.azasrs.gov](https://www.azasrs.gov)

### ORP retirees

- [www.asu.edu/hr/benefits/documents/orpguide.pdf](https://www.asu.edu/hr/benefits/documents/orpguide.pdf)
- [www.asu.edu/hr/documents/ORPreturntowork.pdf](https://www.asu.edu/hr/documents/ORPreturntowork.pdf)



# Actions and deadlines

# Deadlines

Submission deadline	Document	Submit to
Within 31 calendar days following date of retirement	ADOA Retiree Health Insurance Enrollment Form	ADOA
	ASRS Retiree Health Insurance Enrollment Form	ASRS
	ORP Withdrawal Forms	ASU HR Benefits
To applicable carrier within 31 days of date coverage ended	ADOA Life Insurance and/or ASU Life Insurance Conversion/Portability Forms	ASU HR Benefits, then applicable carrier
Within 150 days following date of retirement, to meet state's 180-day filing deadline	RASL Application, University Checklist, W-4 and A-4	ASU HR Benefits
No deadline	403(b) Withdrawal Forms	ASU HR Benefits
	457(b) Withdrawal Forms	Nationwide

# Snapshot of your retirement steps

- Notify your department of your intent to retire in writing.
- Contact your retirement plan (ASRS, Fidelity or TIAA) to set up distributions within 31 days of retirement date **if you want to elect state-sponsored health insurance or receive the RASL benefit.**
- Enroll or decline ADOA and ASRS retiree health benefits within 31 days of retirement.
- Contact Social Security Administration and Medicare (if applicable).
- Complete RASL Packet within 150 days of retirement (if applicable).
- Contact any additional parties (as necessary): Parking Services, Sun Card Office, department IT, Life Insurance, Long-term Care provider, FSA Provider and Student Recreation Center.
- Reports any address changes to your retirement plan and your retiree health care administrator, the General Accounting Office (RASL) and to ASU through My ASU.

# Resources

Resource	Phone	Web Page
Arizona Department of Administration (ADOA) Benefits Services Division	602-542-5008	<a href="https://benefitoptions.az.gov/">https://benefitoptions.az.gov/</a>
Arizona State Retirement System (ASRS)	1-800-621-3778	<a href="https://www.azasrs.gov/">https://www.azasrs.gov/</a>
Arizona General Account Office	602-542-6222	<a href="https://gao.az.gov/retiree-accumulated-sick-leave-rasl-program">https://gao.az.gov/retiree-accumulated-sick-leave-rasl-program</a>
ASU Employee Assistance	480-965-2271	<a href="https://cfo.asu.edu/eao-wellness">https://cfo.asu.edu/eao-wellness</a>
Healthcare Marketplace	1-800-318-2596	<a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>
Medicare	1-800-633-4227	<a href="https://www.medicare.gov/">https://www.medicare.gov/</a>
Social Security	1-800-772-1213	<a href="https://www.ssa.gov/">https://www.ssa.gov/</a>

# Thank You

## **Employee services**

**855-278-5081**

**Monday – Friday**

**8 a.m. to 5 p.m.**

**Arizona time**

## **Faculty services**

**480-727-9900**

**Monday – Friday**

**8 a.m. to 5 p.m.**

**Arizona time**

**Email: [HRESC@asu.edu](mailto:HRESC@asu.edu)**