



Toll-Free: (800) 821-2251
alaska.gov/drb

Application for Alaska Cost-of-Living Allowance COVID-19 Waiver

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

FOR OFFICE USE ONLY

I, _____ wish to apply for a waiver per statute AS 39.35.522, of any Alaska Cost-of-Living Allowance overpayment that I may owe due to my inability to return to Alaska within 90 days of departure as a result of the COVID-19 travel restrictions and **understand that I must submit my request for waiver within 30 days of my return to Alaska.**

Date of Departure: _____

Intended Date of Return: _____

Actual Date of Return: _____

I understand, for the purposes of AS 39.35.480 (PERS) or AS 14.25.142 (TRS), to be entitled to receive COLA, I must be domiciled and physically present in the State of Alaska. However, due to circumstances related to COVID-19, I was unable to return when I initially intended. I am providing, along with this waiver, documentation showing:

1. that I had intended to return to Alaska within 90 days, and
2. why I was unable to do so.

Please provide as much documentation as possible to establish your intent.

ALL FIELDS BELOW ARE REQUIRED.

NAME (LAST, MAIDEN, FIRST, MI)		HOME TELEPHONE NUMBER
PHYSICAL ADDRESS		
CITY	STATE	ZIP+4
MAILING ADDRESS		
CITY	STATE	ZIP+4
<input type="checkbox"/> I have completed the Alaska Cost-of-Living Allowance Return to Alaska Notification form and understand this form must be mailed from within the State of Alaska, pursuant to 2 AAC 35.240(a). Private meter postmarks will not be accepted. Upon receipt of this waiver, the Division will compute the amount of your overpayment for the time you were absent from Alaska and submit your request for waiver to the Commissioner of Administration for review. You will be notified once the review is complete. NOTE: Pursuant to AS 39.35.670 (PERS) and AS 14.25.210 (TRS), it is a misdemeanor to knowingly or willfully make a false statement or permit retirement records to be falsified. Upon conviction, the misdemeanor is punishable by a fine, by imprisonment, or both and may lead to forfeiture of all rights to benefits from the system.		
SIGNATURE	SOCIAL SECURITY NUMBER OR RIN	DATE