

NDPERS Member Self Service Annual Enrollment Guide



ND Public Employees Retirement System
Member Self Service

Employee Guide

Updated October 2026



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Getting Your NDPERS Member ID

1. NDPERS mails your Member ID to your home address 3 to 5 business days after your employer notifies NDPERS
2. You may request that your Member ID be mailed to you at the address NDPERS currently has on file by following the instructions in Section 4-Problem/Error Resolution beginning on page 11
3. Your employer can get your Member ID by logging into their NDPERS Employer Self Service
4. You may call NDPERS to get your Member ID

Instructions for Logging into PERSLink Member Self Service (MSS)

System Requirements

For optimum performance, Microsoft Windows and Microsoft Edge or Google Chrome. **Please add PERSLink MSS to your pop-up blocker's "allowed sites" or temporarily turn off your browser's pop-up blocker for this site.** In addition, you may need Adobe Acrobat Reader for viewing/printing the documents on this site.

Login Instructions

The first step to logging in to PERSLink is to set up a North Dakota Login ID. If you do not currently have a ND Login ID, continue to section #1. If you do currently have a ND Login ID, skip section #1 and proceed to section #2.

What is a North Dakota Login ID?

A North Dakota Login ID is a unique account created by a user via the State of North Dakota Login System (self-registration system) that provides access to multiple North Dakota Online Services. The current personal Online Services include:

- - Department of Human Services - Online Child Support
- - Job Service ND - Unemployment Insurance Internet Claims Entry System (UI ICE)
- - ND Public Employees Retirement System - Online Services
- - ND Parks and Recreation Online Services
- - ND Retirement and Investment Office - Member Teachers' Fund for Retirement (TFFR)

Section 1 – ND Login ID – New Account

Copy and paste the following link into the address bar of your web browser and press Enter:

<https://ndpers.nd.gov/MSS>

You should see the page below:

North Dakota nd.gov Official Portal for North Dakota State Government

North Dakota
login

Sign in

Don't have a North Dakota Login?
[Create an account.](#)

User ID

[Forgot user ID?](#)

Password

[Forgot password?](#)

Sign In

[Update your account.](#)

[Disclaimer](#) [Privacy Policy](#) [Security Policy](#) [Help](#)

Privacy • Terms

Figure 1.1 – ND Login Screen

At the login screen, select the link titled, 'Create an account' which is located in the middle of the page. The following page should display:

North Dakota login

Create your account

* = Required

Account information

First name *

Last name *

User ID *

Password *

Password strength

- 8 or more characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 special character

Account recovery

Email *

An activation code will be sent to this email address. Use the activation code to complete setup for email recovery option.

Cell phone

An activation code will be sent to this cell phone. Use the activation code to complete setup for cell phone recovery option. Message and data rates may apply.

Security questions

Question 1 *

Answer 1 *

Question 2 *

Answer 2 *

By clicking "Create account" you agree to the [Terms of Use](#).

Create account

Cancel

[Disclaimer](#) [Privacy Policy](#) [Security Policy](#) [Help](#)

Figure 1.2 – ND Login Profile Screen

Complete the Login Details section. All sections marked with an asterisk (*) are required. The North Dakota Login is a unique login name that you will need to select. Please see the section titled 'North Dakota Login Requirements.' If the login name that you select is already in use, you will receive an error message requesting that you choose another login-id. Password is a unique password of your choice as long as you follow the rules outlined in section titled 'Password Requirements'. Email must be an active email account. This is required so that a confirmation/verification notice can be sent to you when you complete the North Dakota Login Account information. Complete the Personal Details section and Security Questions.

After you have completed the North Dakota Login ID Account Details, review the 'Terms of Use'.

Select the 'Create Account' button at the bottom of the page. After you have created your account, you will receive an email message requesting that you "activate your account". See figure 1.3 below.

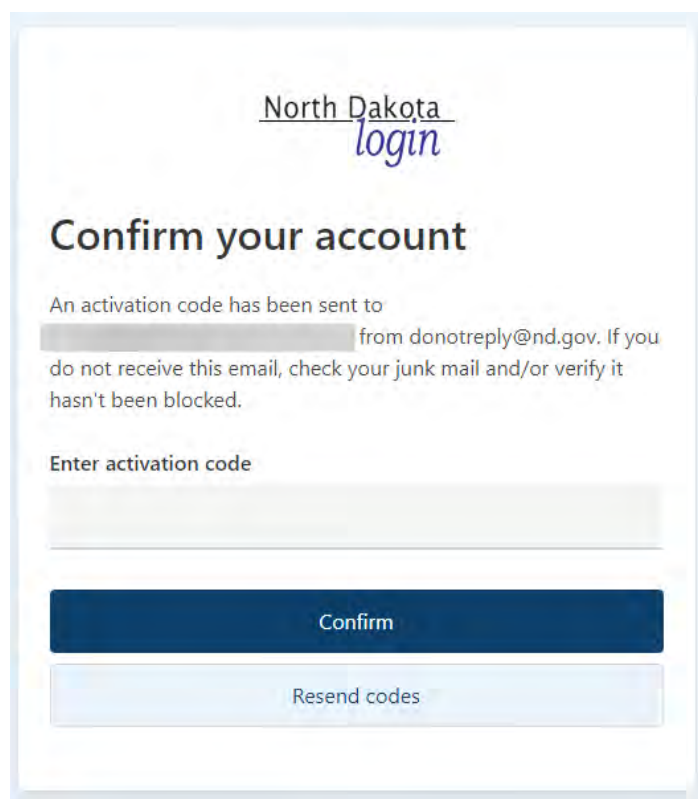
State of North Dakota Login - Email Confirmation

Thank you for registering for your State of North Dakota Login .

The registration process requires the confirmation of your account. Please login to your account, and enter the following activation code:
n72k6u97

Figure 1.3 – Email Confirmation

Enter the activation code and click confirm to complete the activation process.



The screenshot shows a web page for "North Dakota login". The main heading is "Confirm your account". Below this, it states: "An activation code has been sent to from donotreply@nd.gov. If you do not receive this email, check your junk mail and/or verify it hasn't been blocked." There is a text input field labeled "Enter activation code". Below the input field are two buttons: a dark blue "Confirm" button and a light blue "Resend codes" button.

Figure 1.4 – Account Confirmation Process

You will receive confirmation that you have successfully activated your account. Click Return to online services to continue the annual enrollment process.

If you encounter any issue in setting up your ND Login ID, contact NDIT at 701-328-4470. All ND Login IDs are maintained by NDIT.

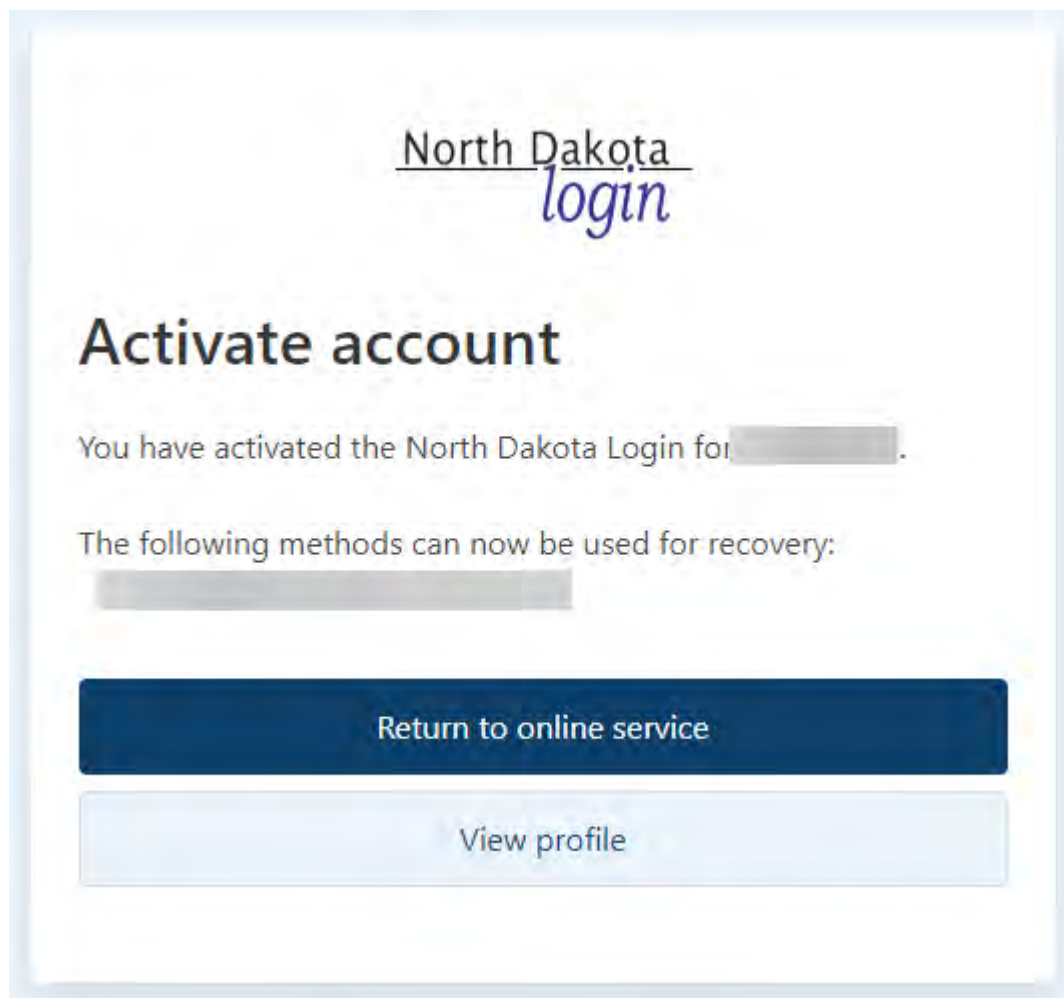


Figure 1.5 – Account Activation Confirmation

Section 2 – ND Login ID – Existing Account

If you currently have a ND Login ID, you should check the 'Login Details' on the 'Personal Account Details' screen of the ND Login registration page to ensure accuracy. To do this, paste the link below into the address bar of your browser and press Enter.

<https://ndpers.nd.gov/MSS>

Next, select 'Update your account'.

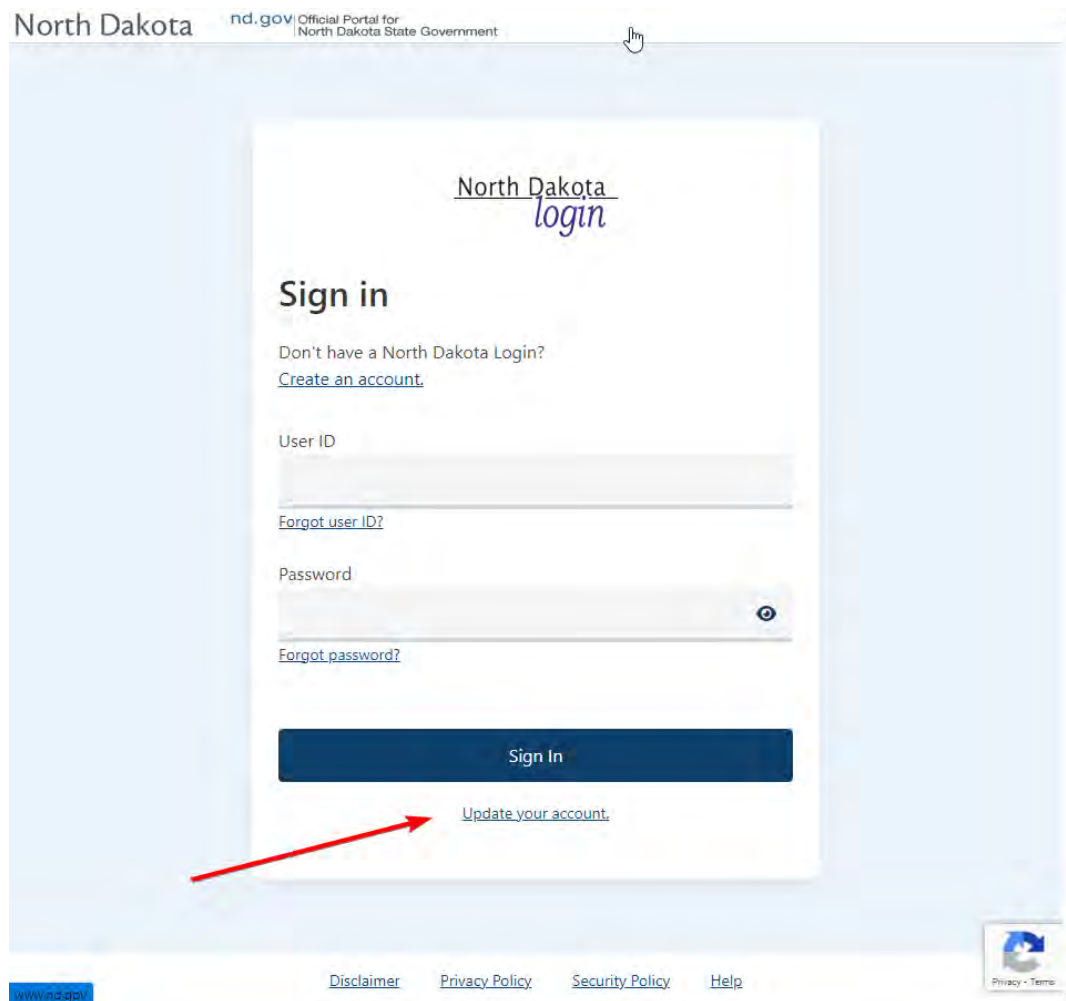
The screenshot shows the North Dakota Login page. At the top, it says "North Dakota nd.gov Official Portal for North Dakota State Government". Below this is the "North Dakota login" logo. The main heading is "Sign in". Below the heading, it says "Don't have a North Dakota Login?" followed by a link "Create an account.". There are two input fields: "User ID" and "Password". Below the "User ID" field is a link "Forgot user ID?". Below the "Password" field is a link "Forgot password?". At the bottom of the form is a blue "Sign In" button. Below the button is a link "Update your account.". A red arrow points to the "Update your account." link. At the bottom of the page, there are links for "Disclaimer", "Privacy Policy", "Security Policy", and "Help".

Figure 2.1 – Update Your Account

First, make sure that the email address in your ND Login profile is an active email account. Changing your email address will result in a confirmation message being sent to the new email address. Follow the instructions in the email to activate your changes. Next, if you are now married, or for some other reason have changed your last name since creating the ND Login ID, you will need to make sure that the last name in the Personal Account Details is correct. To do this, select 'Update your account' then select 'Edit Details' located towards the bottom of the next screen. Select 'Update' after you have finished your changes. You will see the message 'Your profile details have been successfully changed and a notification email has been sent to youremailaddress@youremailprovider.com'. Select the 'Continue' button to proceed. When you have finished with your edits, go to section #3.

Section 3 – Login to PERSLink Member Self Service (MSS)

If your ND Login is successful, first time users will see the PERSLink Member Self Service login page as shown below:

PERSLink Web Self Service - Request Online Access - Windows Internet Explorer

http://10.2.17.105/PERSLinkSelfService/RequestOnlineAccessForMember.aspx

File Edit View Favorites Tools Help

Norton Safe Web Site

PERSLink Web Self Service - Request Online Access

ND Public Employees Retirement System
Member Self Service

Member ID : [Forgot Member ID?](#)

Last 4 digits of SSN :

Date of Birth :

Month Day Year

Local intranet 100%

Figure 3.1 – PERSLink MSS Authentication Screen

Here, you will need to supply your 'PERSLink Member ID', the last four digits of your Social Security Number along with your date of birth. If you do not know your PERSLink Member ID, please see Page 2 "Getting Your NDPERS Member ID."

After you have supplied the information requested, select the 'Request Online Access' button and you will be directed to PERSLink Member Self Service (MSS) as shown below. Figure 3.2 shows the home page for active members.

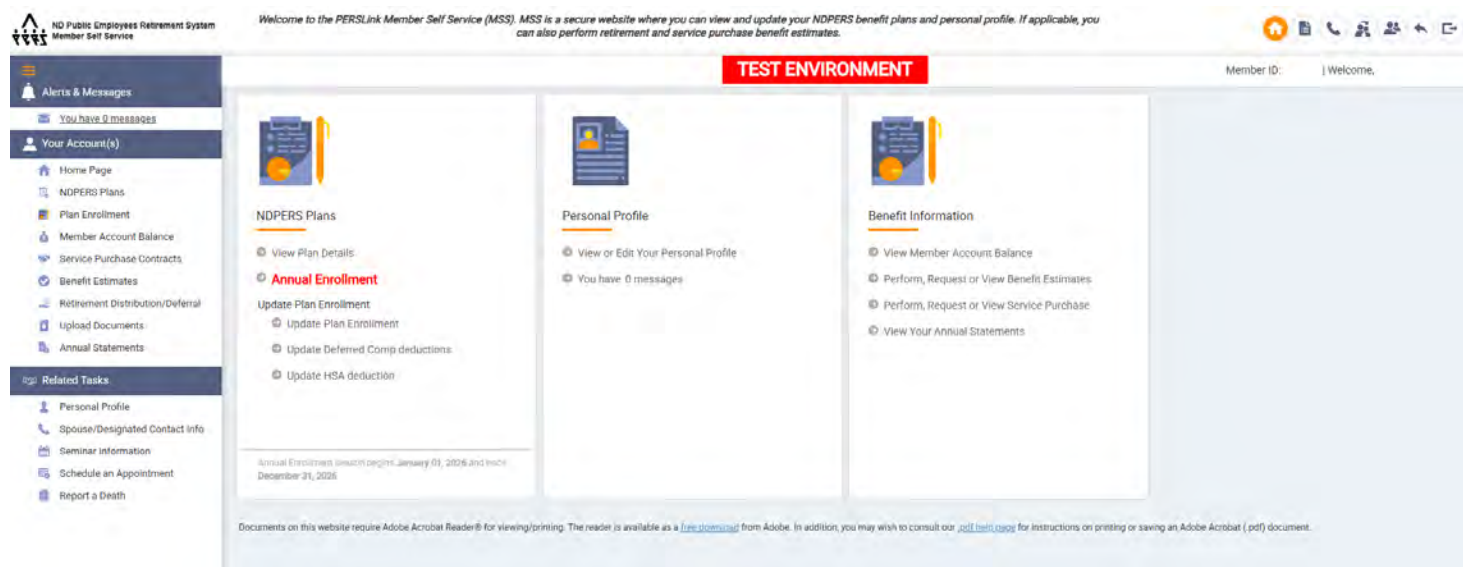


Figure 3.2 – PERSLink MSS Home Page – Active Members

Now that you have set up your credentials with PERSLink, the next time you log on to MSS, you will only need to use your ND Login ID and password.

Section 4 – Problem/Error Resolution

If you do not remember your PERSLink Member ID, you will not be able to log on to PERSLink Member Self Service at this time. You may request that your Member ID be **mailed to your current postal address on file at NDPERS**. To request that your Member ID be mailed, select the link titled “Forgot Member ID?” (Figure 4.2). You will be directed to the “Mail My Member ID to Me” screen where you will need to enter your last name; the last four digits of your SSN; and your date of birth. After you have entered all of the correct information, select the button “Mail My Member ID to ME” (Figure 4.3). If you need immediate access into Member Self Service, please call the NDPERS office at 701-328-3900.

PERSLink Web Self Service - Request Online Access - Windows Internet Explorer

http://10.2.17.105/PERSLinkWSS/CS/e0f020uuqghafcw5d/into/jwfrs/RequestOnlineAccessForMember.aspx

File Edit View Favorites Tools Help

Convert Select

Norton Safe Web Site

Google (2) Google Suggested Sites Free Hotmail Web Site Gallery

PERSLink Web Self Service - Request Online Access

ND Public Employees Retirement System Member Self Service

Member ID : Forgot Member ID?

Last 4 digits of SSN :

Date of Birth : January 1 1891
Month Day Year

Request Online Access

Local intranet 100%

Figure 4.1 – Forgot Member ID



Please enter all following information:

Last Name :

Last 4 digits of SSN :

Date of Birth :
Month Day Year



If you need immediate access to Member Self Service (MSS),
please call the NDPERS office at 701-328-3900

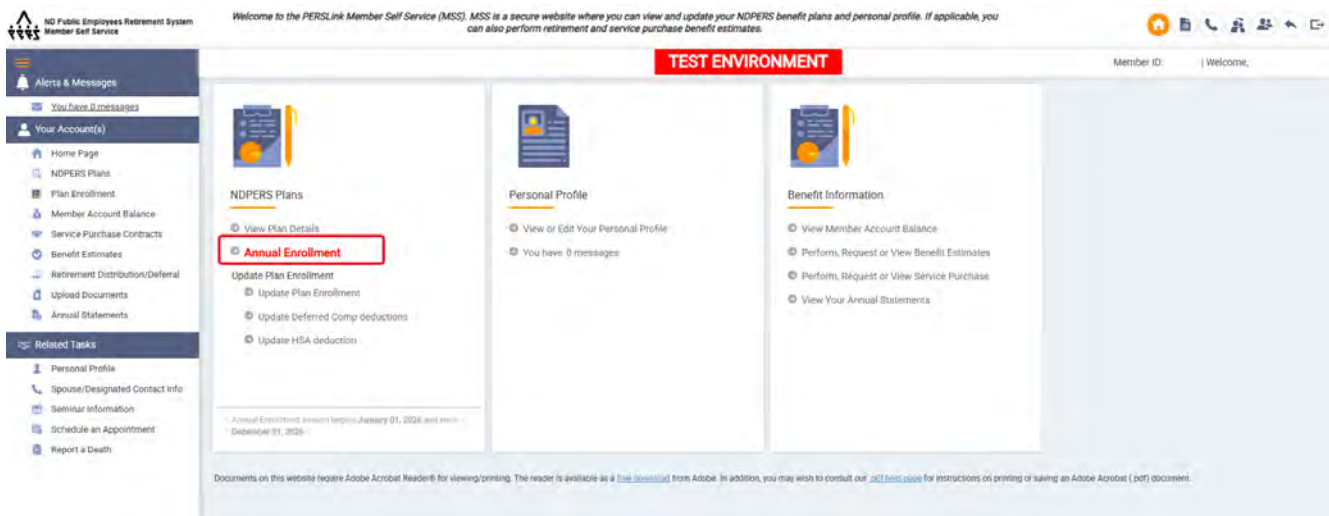
Figure 4.2 – Retrieve Member ID

Making Annual Enrollment Elections

To make your Annual Enrollment elections click on Annual Enrollment in red on the NDPERS Plans tile.

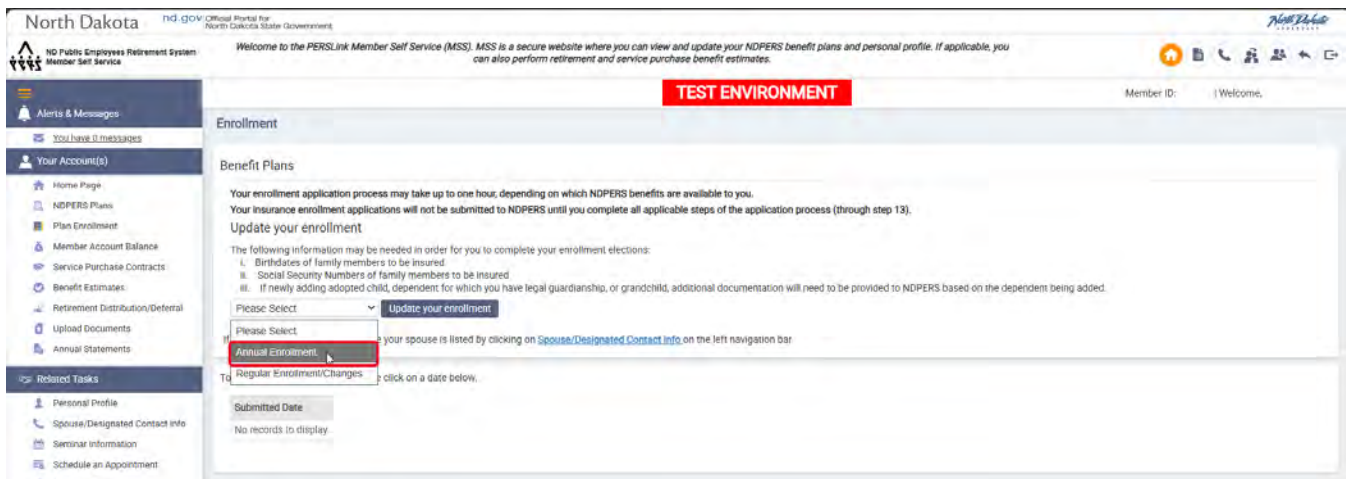
If you are newly hired during the Annual Enrollment period, you must make your new hire elections first.

Once you have completed your benefit enrollments as a new employee, return to the Home Page and select Annual Enrollment to make your annual enrollment elections.



Political subdivisions within the state of North Dakota are not eligible to participate in the NDPERS Dental, Vision, Employee Assistance Program, and Flexible Compensation Plans (with the exception of the district health units).

Only the benefit plans available through your employer will be visible as you complete the wizard. Select Annual Enrollment from the dropdown menu, and click update your enrollment.



Deferred Compensation Enrollments

1. Enrollments into the Deferred Compensation Plan can be made any time throughout the year. Please note that IRS regulations require you to make your deferral election in the month prior to month you will earn the money.
2. If you are looking enroll in the Deferred Compensation Plan for the first time, click on the "Update Deferred Comp deductions" link from the home page. Click the Add New Provider icon.
 - a. Select an eligible provider to participate with.
 - b. Select an agent.
 - c. Select the correct employment.
 - d. Enter the amount you'd like to defer each paycheck.
 - e. Select whether you'd like the contribution to be made on a pre-tax or after-tax (Roth) basis.
 - f. The earliest date you can begin deductions will pre-populate in MSS. If you'd like to extend that to a future date, please update the date accordingly.
 - g. Select no on question asking if you want to end your existing enrollment.

The screenshot shows the 'Deferred Comp Provider' form. It includes dropdown menus for 'Select an eligible provider' (NDPERS Companion Plan), 'Select the agent you contacted' (Empower, Customer Service), and 'Select your employer' (ND Public Employees Retirement System (01/02/2015 - Present)). There is a text input for 'Amount to be deducted from each paycheck' (\$50.00) and a dropdown for 'Contribution Type' (Roth (Post Tax) Contribution). A date field shows 'Based on today's date, the soonest your deduction can be authorized to start is for the pay period beginning: 09/01/2026'. A checkbox question 'Do you wish this new enrollment to end your existing enrollment?' is set to 'No'. A 'Finish' button is at the bottom left.

3. If you'd like to update your existing enrollment in the deferred compensation plan.
 - a. Click on the "Update Deferred Comp deductions" link from the home page.
 - b. Select change amount next to your existing enrollment.
 - c. Enter the amount per paycheck you'd like withheld.
 - d. Enter the pay period you'd like the new deduction to begin.

The screenshot shows the 'Deferred Comp Provider' form for an existing enrollment. It displays 'Provider Name' and 'Agent Contact' at the top. Below, 'Employer Name' is set to 'ND Public Employees Retirement System' and 'Pre-Tax Amount Per Pay Period' is \$50.00. The 'Pay Period Begin Date' is 01/01/2027. A 'Finish' button is at the bottom left.

4. You may also make elections to your Deferred Compensation through the comprehensive wizard.

Health Enrollments

1. If you are newly enrolling, please select enroll, desired level of coverage, and plan option.
 - a. If you select the High Deductible Health Plan/Health Savings Account (if available via your employer), you will be asked if you'd like to make pretax contributions (if employer allows) to your Health Savings Account (HSA). If your employer does not allow for pre-tax contributions, this option will not display.
2. If you are currently enrolled, please review your plan details including your level of coverage and your plan option.
 - a. If your current enrollment looks accurate, select the authorization and click next.

Plan Details

Plan Name: Health	Plan Participation Status: Enrolled
Start Date: 02/01/2015	End Date:
Level of Coverage: Family	Provider: Sanford Health Plan
You will be able to add any dependents in Step 8.	
Plan Option: PPO / Basic Health Plan	

Enrollment

Member Authorization

I understand that any company(s) with which I am applying for coverage reserves the right to accept or decline this application in whole or in part. I understand that by making this election, I will be required to participate in the plan for the current calendar year and will only be able to cancel coverage during a future annual enrollment or upon termination of my employment. I further understand that no contractual right is created by this application or advance premium payment and the same shall not be considered accepted unless or until the Benefit Plan is issued to me. I have read this application in its entirety and understand and acknowledge that the accuracy and sufficiency of the information I provide (or fail to provide) in each and every numbered section of this application serves as the basis in determining my eligibility (and the eligibility of my dependents) for coverage and receiving a Benefit Plan(s), and by signing this application I certify the information is accurate and complete. I understand and agree that inaccurate, incomplete or omitted information represented in this application may constitute a fraudulent act or intentional misrepresentation of material facts voiding or retroactively cancelling any Benefit Plan(s) issued, as well as any claims for medical benefits and services paid, based on the information I submit through this application. I further understand a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

I understand members are subject to limitations and exclusions outlined in the relevant Benefit Plan/Policy.

I understand that in the event the group through which I am enrolled elects to terminate, the Insurance Carrier has the right at its sole discretion to continue my coverage on a non-group basis subject to the premium and Benefit Plan provisions for non-group coverage then in effect.

I understand conversion coverage will not be offered to a Subscriber if the group through which the Subscriber is eligible has terminated coverage with the Insurance Carrier and has enrolled as a group with another Insurance Carrier.

I understand, in the event my employer adopts the method of payroll deduction, I hereby authorize and direct my employer to deduct the current premium from my wages or salary and remit to NDPERS.

I acknowledge that the Summary of Benefits and Coverage and other related plan information is available on the NDPERS website at www.nd.gov/ndpers.

☒ I, _____, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDPERS to make my requested changes/updates to my record. 8/26/2026 8:58:03 AM

- b. If you'd like to update your enrollment, select the level of coverage and plan option that you prefer.
 - i. If you select the High Deductible Health Plan/Health Savings Account (if available via your employer), you will be asked if you'd like to make pretax contributions (if employer allows) to your Health Savings Account (HSA). If your employer does not allow for pre-tax contributions, this option will not display.
- c. Once your enrollments are complete, select the acknowledgement and select Next.

Health Enrollment

Plan Enrollment Option: Enroll

Enroll - Use this option to add or modify existing coverage

Waive - Waive participation in the plan. If you are currently enrolled, this option will end your existing coverage

For additional plan information, please click the link below.

[Plan Information](#) [Video](#)

Health Insurance Plan

Plan Details

Plan Name: Health	Plan Participation Status: Enrolled
Start Date: 02/01/2015	End Date:
Level of Coverage: Family	Provider: Sanford Health Plan
You will be able to add any dependents in Step 8.	
Plan Option: High Deductible Health Plan/ Health Savings Account (HDHP/HSA)	

Enrollment

HDHP/HSA Authorization

By signing this application I represent that:

(1) I am joining a HDHP/HSA;

(2) I will not be covered by any other health plan that is not a HDHP (including my spouse's general-purpose health care Flexible Spending Account, which is a non-HDHP) for the upcoming plan year or enrolled in Medicare; I have not enrolled in my employer's general-purpose health care Flexible Spending Account for the upcoming plan year and

(3) I cannot be claimed as a dependent on another person's tax return. I understand that a HSA will be established on my behalf.

☒ I, _____, acknowledge I have had an opportunity to review the terms and conditions relating to participation in the HDHP/HSA.

Would you like to contribute to an HSA on a pretax basis? Yes

Member Authorization

I understand that any company(s) with which I am applying for coverage reserves the right to accept or decline this application in whole or in part. I understand that by making this election, I will be required to participate in the plan for the current calendar year and will only be able to cancel coverage during a future annual enrollment or upon termination of my employment. I further understand that no contractual right is created by this application or advance premium payment and the same shall not be considered accepted unless or until the Benefit Plan is issued to me. I have read this application in its entirety and understand and acknowledge that the accuracy and sufficiency of the information I provide (or fail to provide) in each and every numbered section of this application serves as the basis in determining my eligibility (and the eligibility of my dependents) for coverage and receiving a Benefit Plan(s), and by signing this application I certify the information is accurate and complete. I understand and agree that inaccurate, incomplete or omitted information represented in this application may constitute a fraudulent act or intentional misrepresentation of material facts voiding or retroactively cancelling any Benefit Plan(s) issued, as well as any claims for medical benefits and services paid, based on the information I submit through this application. I further understand a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

I understand members are subject to limitations and exclusions outlined in the relevant Benefit Plan/Policy.

I understand that in the event the group through which I am enrolled elects to terminate, the Insurance Carrier has the right at its sole discretion to continue my coverage on a non-group basis subject to the premium and Benefit Plan provisions for non-group coverage then in effect.

I understand conversion coverage will not be offered to a Subscriber if the group through which the Subscriber is eligible has terminated coverage with the Insurance Carrier and has enrolled as a group with another Insurance Carrier.

I understand, in the event my employer adopts the method of payroll deduction, I hereby authorize and direct my employer to deduct the current premium from my wages or salary and remit to NBPERS.

I acknowledge that the Summary of Benefits and Coverage and other related plan information is available on the NBPERS website at www.nd.gov/ndpers.

☒ I, **Derrick L. Hobbs**, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NBPERS to make my requested changes/updates to my record. 8/26/2026 8:58:03 AM

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- d. If you selected 'Yes' to making contributions to your HSA you will have an opportunity to choose this election on the next screen.
- Enter the monthly amount of contributions you'd like to make, and select the acknowledgement box.
 - Your employee contribution needs to factor in the amount of employer contributions that will be deposited into your account.

Pre-Tax HSA Contribution

HDHP

Monthly Contribution Amount:

Coverage	Annual Limit*	NBPERS Contribution**	Maximum Employee Contribution
Single	\$4,400.00	\$1,435.44	\$2,964.56
Family	\$8,750.00	\$3,472.32	\$5,277.68
55+ (Single or Family)			\$1,000 extra

*The NBPERS Contribution amounts are subject to change July 1 of odd years based upon premiums for the new contract period.
**Maximum Employee Contribution is assuming participation in the HSA for the full calendar year.

These limits include all contributions (both employee & employer paid) for the calendar year. I understand that if I exceed the annual limits, it will be my responsibility to request a refund from the HSA administrator or be subject to federal excise tax.

If my employer allows pre-tax payroll deductions to my Health Savings Account, I elect to defer a monthly amount as stated above.

I understand that I may modify my election at any time throughout the year as long as applicable payroll timelines are followed.

I understand that if I am joining the HDHP due to annual enrollment and currently participate in my employer's Flex Medical Spending Account (MSA), my deduction to my HSA will begin no sooner than February and may be delayed until April if my MSA is not exhausted as of December 31.

I also understand that if this is the case, the amount I may defer annually to my HSA will be prorated based on the limits and the number of months eligible.

☒ I, **Derrick L. Hobbs**, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NBPERS to make my requested changes/updates to my record. 8/26/2026 9:22:29 AM

Previous Next Home

Dental Enrollments

1. If you are currently enrolled, please review your plan details including your level of coverage and your plan option.
 - a. If your current enrollment looks accurate, select the authorization and click next.
 - b. If you're newly enrolling in coverage, select the level of coverage from the drop down menu, choose if you'd like the deduction done on a pretax basis or not (only available for those eligible for flexcomp), and click the acknowledgement at the bottom of the screen.

Dental Enrollment

Plan Enrollment Option:

Enroll - Use this option to add or modify existing coverage.
Waive - Waive participation in the plan. If you are currently enrolled, this option will end your existing coverage.
For additional plan information, please click the link below:
[Plan Details & Rates](#) [Video](#)

The NDPERS dental plan is administered by Delta Dental of MN.

Dental Insurance Plan

Plan Details

Plan Name: Dental	Plan Participation Status: Enrolled
Start Date: 02/01/2015	End Date:
Level of Coverage: Family - \$134.74/month	Provider: Delta Dental

You will be able to add any dependents in Step 6.

Enrollment

Your insurance premium can be a pretax payroll deduction. If you pre-tax an insurance premium, you may not change coverage during the plan year unless you experience an IRS Qualified Change of Status.

Do you wish to have your insurance premium deducted as a pretax payroll deduction?

Member Authorization

I understand that any company(s) with which I am applying for coverage reserves the right to accept or decline this application in whole or in part. I understand that by making this election, I will be required to participate in the plan for the current calendar year and will only be able to cancel coverage during a future annual enrollment or upon termination of my employment. I further understand that no contractual right is created by this application or advance premium payment and the same shall not be considered accepted unless or until the Benefits Plan is issued to me. I have read this application in its entirety and understand and acknowledge that the accuracy and sufficiency of the information (provide for full to provide) in each and every numbered section of this application serves as the basis in determining my eligibility (and the eligibility of my dependent(s) for coverage and receiving a Benefit Plan(s), and by signing this application I certify the information is accurate and complete. I understand and agree that inaccurate, incomplete or omitted information represented in this application may constitute a fraudulent act or intentional misrepresentation of material facts voiding or retroactively cancelling any Benefit Plan(s) issued, as well as any claims for medical benefits and services paid based on the information I submit through this application. I further understand a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

I understand that members are subject to limitations and exclusions outlined in the relevant Benefits Plan/Policy.

I understand that in the event the group through which I am enrolled elects to terminate, the Insurance Carrier has the right at its sole discretion to continue my coverage on a non-group basis subject to the premium and Benefits Plan provisions for non-group coverage then in effect.

I understand that conversion coverage will not be offered to a Subscriber if the group through which the Subscriber is eligible has terminated coverage with the Insurance Carrier and has enrolled as a group with another Insurance Carrier.

I understand, in the event my employer adopts the method of payroll deduction, I hereby authorize and direct my employer to deduct the current premium from my wages or salary and remit to NDPERS.

I acknowledge that the Summary of Benefits and Coverage and other related plan information is available on the NDPERS website at [www.nd.gov/ndpers](#).

☒ I acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDPERS to make my requested changes/updates to my record. 8/26/2025 9:34:36 AM

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- c. If you'd like to waive dental coverage:
 - i. Select waive from the drop down menu
 - ii. Select the box next to "waive"
 - iii. Click next

Dental Enrollment

Enroll - Use this option to add or modify existing coverage.
Waive - Waive participation in the plan. If you are currently enrolled, this option will end your existing coverage.
For additional plan information, please click the link below:
[Plan Details & Rates](#) [Video](#)

Plan Enrollment Option:

The NDPERS dental plan is administered by Delta Dental of MN.

Waived

1. If at the time I am declining coverage, it is because:

a. I or my Eligible Dependents have other group insurance coverage, and that coverage is either terminated as a result of loss of eligibility (including loss as a result of legal separation, divorce, death, termination of employment or reduction of hours) or employer contributions toward such coverage was terminated; or

b. Coverage was under COBRA at the time I declined coverage and that coverage has been exhausted.

Under (a) and (b) above, I must complete a membership application within 31 days after I lose my current coverage.

2. If I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may enroll myself and my Eligible Dependents, provided that I request enrollment within 31 days of marriage, birth, adoption or placement for adoption.

3. If I do not meet requirements under 1 or 2 above, I may apply as a Late Enrollee. Late Enrollees must request enrollment during the NDPERS Annual Enrollment Season.

☒ **Waive**

I acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDPERS to make my requested changes/updates to my record. 10/12/2026 7:50:46 AM

[Previous](#) [Next](#) [Cancel](#)

Vision Enrollments

1. If you are currently enrolled, please review your plan details including your level of coverage and your plan option.
 - a. If your current enrollment looks accurate, select the authorization and click next.
 - b. If you're newly enrolling in coverage select the level of coverage from the drop down menu, choose if you'd like the deduction done on a pretax basis or not (only available for those eligible for flexcomp), and click the acknowledgement at the bottom of the screen.

Vision Enrollment

Plan Enrollment Option: **Enroll**

Enroll - Use this option to add or modify existing coverage

Waive - Waive participation in the plan. If you are currently enrolled, this option will end your existing coverage

For additional plan information, please click the link below

[Plan Details & Rates](#) [Video](#)

Vision Insurance Plan

Plan Details

Level of Coverage: **Family - \$14.15/month** Provider: Superior Vision Services

You will be able to add any dependents in Step 8.

Enrollment

Your insurance premium can be a pre-tax payroll deduction. If you pre-tax an insurance premium, you may not change coverage during the plan year unless you experience an IRS Qualified Change of Status.

Do you wish to have your insurance premium deducted as a pre-tax payroll deduction? **Yes**

Member Authorization

I understand that any company(s) with which I am applying for coverage reserves the right to accept or decline this application in whole or in part. I understand that by making this election, I will be required to participate in the plan for the current calendar year and will only be able to cancel coverage during a future annual enrollment or upon termination of my employment. I further understand that no contractual right is created by this application or advance premium payment and the same shall not be considered accepted unless or until the Benefit Plan is issued to me. I have read this application in its entirety and understand and acknowledge that the accuracy and sufficiency of the information I provide (or fail to provide) in each and every numbered section of this application serves as the basis in determining my eligibility (and the eligibility of my dependent(s)) for coverage and receiving a Benefit Plan(s), and by signing this application I certify the information is accurate and complete. I understand and agree that inaccurate, incomplete or omitted information represented in this application may constitute a fraudulent act or intentional misrepresentation of material facts voiding or retroactively cancelling any Benefit Plan(s) issued, as well as any claims for medical benefits and services paid, based on the information I submit through this application. I further understand a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

I understand members are subject to limitations and exclusions outlined in the relevant Benefit Plan/Policy.

I understand that in the event the group through which I am enrolled elects to terminate, the Insurance Carrier has the right at its sole discretion to continue my coverage on a non-group basis subject to the premium and Benefit Plan provisions for non-group coverage then in effect.

I understand conversion coverage will not be offered to a Subscriber if the group through which the Subscriber is eligible has terminated coverage with the Insurance Carrier and has enrolled as a group with another Insurance Carrier.

I understand, in the event my employer adopts the method of payroll deduction, I hereby authorize and direct my employer to deduct the current premium from my wages or salary and remit to NDEERS.

I acknowledge that the Summary of Benefits and Coverage and other related plan information is available on the NDEERS website at www.nd.gov/ndpers.

☒ I, _____, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDEERS to make my requested changes/updates to my record. 8/26/2025 9:44:28 AM

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- c. If you'd like to waive vision coverage:
 - i. Select waive from the drop down menu
 - ii. Select the box next to "waive"
 - iii. Click next

Vision Enrollment

Plan Enrollment Option: **Waive**

Enroll - Use this option to add or modify existing coverage

Waive - Waive participation in the plan. If you are currently enrolled, this option will end your existing coverage.

For additional plan information, please click the link below

[Plan Details & Rates](#) [Video](#)

Waived

1. If at the time I am declining coverage, it is because:

a. I or my Eligible Dependents have other group insurance coverage, and that coverage is either terminated as a result of loss of eligibility (including loss as a result of legal separation, divorce, death, termination of employment or reduction of hours) or employer contributions toward such coverage was terminated; or

b. Coverage was under COBRA at the time I declined coverage and that coverage has been exhausted.

Under (a.) and (b.) above, I must complete a membership application within 31 days after I lose my current coverage.

2. If I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may enroll myself and my Eligible Dependents, provided that I request enrollment within 31 days of marriage, birth, adoption or placement for adoption.

3. If I do not meet requirements under 1 or 2 above, I may apply as a Late Enrollee. Late Enrollees must request enrollment during the NDEERS Annual Enrollment Season.

☒ **Waive**

I, _____, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDEERS to make my requested changes/updates to my record. 8/26/2025 9:44:28 AM

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Adding and Removing Dependents

Your existing dependents will display automatically. You can review and update the information (Name, social security number, gender, relationship, gender, marital status, and date of birth) of existing dependents by clicking 'review' next to each dependent.

Spouse / Dependent Info

First Name:

Last Name:

Middle Name:

SSN:

Relationship:

Date of Birth:

Gender:

Marital Status:

If you need to add new dependents, click on Add New Spouse/Dependent

Spouse / Dependent Info

First Name:

Last Name:

Middle Name:

SSN:

Relationship:

Date of Birth:

Gender:

Marital Status:

Next to each dependent, select the plans you would like them to be enrolled in.

Health: 0002 - Family
Dental: Family
Vision: Family

Are you missing the Social Security Number?
Submit your insurance application even if you do not have the Social Security Number at the time of application. This might be the case of newborns or adoptions. Notify NCPERS of the missing Social Security Number(s) as soon as possible. You may provide this to NCPERS by sending a secure message through Member Self Service (MSS), an email to ndpers-info@nd.gov, or by mail to PO Box 1637, Bismarck, ND 58502.

Do you have any updates?
Please review your spouse and/or dependent(s) information already on record. Click "Review" to modify the enrollments below.
- Enroll spouse or dependents? Check the box for the individual and plan if they are to be insured.
- Decline coverage? Leave the check box unchecked.
Check boxes will only display if the selected level of coverage for a plan provides for dependents to be covered.

Spouse or Dependent

Full Name	Relationship	Health	Dental	Vision	Review
Step Child	Step Child	☒	☒	☒	Review
Child	Child	☒	☒	☒	Review
Child	Child	☒	☒	☒	Review
Spouse	Spouse	☒	☒	☒	Review
Donald Duck	Child	☒	☒	☒	Review

Please review dependent information for accuracy by selecting the Review button next to each individual.

Life Insurance Enrollments

1. If you are currently enrolled, please review your plan details including your level of coverage and your plan option.
 - a. If your current enrollment looks accurate, select the authorization and click next.
 - b. If you'd like to make adjustments to your supplemental life insurance (your insurance as well as dependent coverage), select 'Yes' and complete each enrollment section.
 - i. Supplemental Life and AD&D Insurance Election
 1. You can increase your supplemental life insurance in \$5,000 increments up to \$25,000 per year to a maximum guarantee of \$300,000 without underwriting.
 2. For amounts larger than \$25,000 or in excess of \$300,000 (up to \$600,000), you must complete a [Life Insurance Evidence of Insurability form \(EOI\)](#) and return it to the NDPERS office.
 3. Select the total amount of supplemental insurance you'd like to apply for, and select if you want the election pretaxed or not. If you'd like to make changes to your dependent elections, also select yes to changing your Dependent Supplemental Life Insurance

Supplemental Life and AD & D Insurance Election

During Annual Enrollment, you can increase your employee supplemental in \$5,000 increments up to \$25,000 per year to a maximum guarantee of \$300,000 without underwriting.

For amounts larger than \$25,000, or in excess of \$300,000 up to \$600,000 you must complete a [Life Insurance Evidence of Insurability form \(EOI\)](#) - (Do Not complete Section B On EOI form) The completed EOI must be returned to NDPERS and will be forwarded to the Carrier for underwriting.

If you wish to increase your supplemental life coverage by \$25,000 (up to maximum guarantee issue of \$300,000) and also apply for an additional amount that requires EOI, you will need to submit 2 enrollment requests (one for the \$25,000 and one for the additional amount which will require EOI).

Your existing Supplemental Life is \$275,000. I wish to apply for a TOTAL (existing amount plus increased amount) of: Supplemental life (must be in increments of \$5,000).

Your employee Supplemental Life insurance premium up to the first \$50,000 in coverage can be a pre-tax payroll deduction.

If you pre-tax an insurance premium, you may not change or drop coverage during the plan year unless you experience an IRS Qualified Change of Status.

Do you wish to have your insurance premium deducted as a pre-tax payroll deduction?

Do you wish to make a change to your Dependent Supplemental life insurance?

Dependent Supplemental life insurance covers both spouse and eligible children (under age 26). It is required in order to enroll in Spouse Supplemental life insurance. If you select NO, this will cancel your current dependent supplemental life insurance.

ii. Supplemental Dependent Life Insurance Election

1. Select the level of coverage you'd like for each dependent, then select if you'd like to review spousal coverage.

Supplemental Dependent Life Insurance Election

Dependent Supplemental life insurance covers both spouse and eligible children (under age 26). It is required in order to enroll in Spouse Supplemental life insurance.

When you are initially eligible for dependent coverage or during annual enrollment, you can elect it without providing evidence of insurability.

You may elect one of the coverage levels for your spouse and eligible dependents.

Your existing Dependent Supplemental is \$10,000. I wish to maintain or change my election to:

You have the option of electing Spouse Supplemental Coverage. Do you wish to enroll or keep Spouse Supplemental Coverage?

If you select NO, this will cancel your current spouse supplemental life insurance.

iii. Supplemental Spouse Life Insurance Election

1. Select the level of coverage you'd like for spouse.
 - a. Any increase to spousal coverage requires a [Life Insurance Evidence of Insurability form \(EOI\)](#) be completed and returned to the NDPERS office
 - b. Supplemental spouse coverage is limited to 50% of the employee's supplemental life election and cannot exceed \$300,000.

2. Click the acknowledgement at the bottom and click next.

Supplemental Spouse Life Insurance Election

During annual enrollment, a [Life Insurance Evidence of Insurability form \(EOI\)](#) (Do Not complete Section B On EOI form), must be completed for ANY increases to supplemental spouse life. Supplemental spouse coverage is limited to 50% of the employee's supplemental life coverage not to exceed \$300,000.

The completed EOI must be returned to NDPERS and will be forwarded to the Carrier for underwriting.

Your existing Spouse Supplemental Life is \$100,000. I wish to maintain or change my election to (must be in increments of \$5,000).

Authorization

I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.

To the best of my knowledge and belief, the information I have provided on this form is correct.

I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.

I understand my coverage begins on the effective date assigned by the Carrier, provided I am actively at work.

I understand that evidence of insurability may be required for coverage to become effective.

To designate your beneficiary(ies), you must complete and submit a form: [SFN-53855 Life Insurance Designation of Beneficiary](#).

☒ I, _____, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDPERS to make my requested changes/updates to my record. 8/26/2026 9:53:55 AM

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If your life insurance request includes amounts that can be automatically approved and amounts requiring underwriting, NDPERS will split the submission into two internal applications:

- o **First internal application (no underwriting required):**
 - Supplemental employee life insurance increases of \$25,000 (up to the \$300,000 guarantee issue amount)
 - Adding or increasing supplemental dependent life insurance (if the employee already has supplemental employee coverage)
- o **Second internal application (underwriting required):**
 - Supplemental employee life insurance increases of more than \$25,000
 - Increases in total coverage exceeding \$300,000 (up to the \$600,000 maximum)
 - Adding or increasing supplemental spouse life insurance

State of ND FlexComp Enrollments

For State Employees including members of the Legislative Assembly & participating District Health Units only. Employees of the university system and political subdivisions are excluded from participation in this plan.

To enroll in the NDPERS FlexComp program, select Enroll from the drop down menu, then Continue Annual Flex Enrollment

Flex Enrollment Option

Plan Enrollment Option : Enroll 1 Continue Annual Flex Enrollment 2

Enroll - Use this option to add or modify existing coverage. To enroll, click "Continue annual flex enrollment"

For additional plan information, please click the link below

Plan Information Video

FlexComp Plan Details

Spending Accounts Annual Pledge

Medical Spending : \$0.00 Dependent Care : \$0.00

Pretax Premium Election(s)

Non-NDPERS Plans Eligible to Pretax

Company Name	Pretax Premium
No records to display.	

Answer the question "Do you want to enroll in FlexComp Plan for the 01/01/20XX plan year?"

Flex Comp Plan Annual Enrollment

Flex Comp Plan Annual Enrollment

Do you want to enroll in FlexComp Plan for the 01/01/2023 plan year? Yes ▼

Continue Annual Enrollment

Yes

No

1) Medical Flexible Spending Account

- Select whether you would like to waive participation or if you would like to enroll for the upcoming plan year. If participating, enter the ANNUAL amount of your election.

Medical Flexible Spending Account

Medical Flexible Spending Account helps cover certain healthcare related expenses that are not covered by your health insurance plan. Some of the eligible expenses reimbursed by this account include, but are not limited to:

- Deductibles, Co-Pays, and Co-Insurance
- Prescription drugs costs
- Glasses and contact lenses
- Chiropractic care
- Over-the-Counter drugs and medications

☐ I wish to Waive Medical Flexible Spending Account participation.

I understand that by declining enrollment during my initial 31-day new hire eligibility period, I can only apply for coverage during the designated Annual Enrollment session with coverage effective January 1st or during the plan year if I experience an IRS-Qualified Change in Status.

OR

☒ I wish to participate in Medical Flexible Spending Account for the plan year starting January 01, 2027 through December 31, 2027

I would like a total ANNUAL amount of \$2,000.00 pre-tax payroll deducted.

Previous Next Save

- You will get a pop up asking you to confirm that your election was an annual (not monthly) election.

North Dakota PERLINK Member Self Service (MSS) MSS is a secure website where you can...

Are you sure you have elected an ANNUAL Amount?

OK Cancel

Flex Comp Plan Enrollment

Medical Flexible Spending Account

Medical Flexible Spending Account helps cover certain healthcare related expenses that are not covered by your health insurance plan. Some of the eligible expenses reimbursed by this account include, but are not limited to:

- Deductibles, Co-Pays, and Co-Insurance
- Prescription drugs costs
- Glasses and contact lenses
- Chiropractic care
- Over-the-Counter drugs and medications

☐ I wish to Waive Medical Flexible Spending Account participation.

I understand that by declining enrollment during my initial 31-day new hire eligibility period, I can only apply for coverage during the designated Annual Enrollment session with coverage effective January 1st or during the plan year if I experience an IRS-Qualified Change in Status.

OR

☒ I wish to participate in Medical Flexible Spending Account for the plan year starting January 01, 2027 through December 31, 2027

I would like a total ANNUAL amount of \$2,000.00 pre-tax payroll deducted.

(Total cannot exceed \$5,000 for the Plan Year.)

Previous Next Save

2) Dependent Care Flexible Spending Account

- Select whether you would like to waive participation or if you would like to enroll for the upcoming plan year. If enrolling, indicate the number of dependents based on the question, then enter the ANNUAL amount of your election.
- If you indicate '0' for both questions, you will be prompted to revise your election to "waive" as your responses indicate you do not have eligible dependents to qualify for this benefit.

Dependent Care Flexible Spending Account Account *

Dependent Care Flexible Spending Account helps cover child or adult daycare while you work, look for work, or while your spouse is in full-time school. This is not healthcare and does not cover healthcare expenses.

Some of the eligible expenses reimbursed by this account include, but are not limited to:

- Work related child or adult daycare expenses
- Preschool (pre-kindergarten)
- Nursery school
- Before school or after school care
- Day camps
- Adult care for qualifying dependent age 13 or older

☐ I wish to Waive Dependent Care Flexible Spending Account participation.

I understand that by declining enrollment during my initial 31 day new hire eligibility period, I can only apply for coverage during the designated Annual Enrollment season with coverage effective January 1st or during the plan year if I experience an IRS Qualified Change in Status.

OR

☒ I wish to participate in the Dependent Care Flexible Spending Account.

How many dependents living in your household under age 13 attend daycare while you and your spouse (if married) work?

Plan participation is for the Plan Year starting January 01, 2027 through December 31, 2027 Only select this option if you have eligible dependent care expenses.

I wish to participate in Dependent Care Flexible Spending Account for the Plan Year starting January 01, 2027 through December 31, 2027

I would like a total ANNUAL amount of \$1,000.00 pre-tax payroll deducted.

Previous Next Finish

c. You will get a pop up asking you to confirm that your election was an annual (not monthly) election.

3) Select any Non-NDPERS insurance products you are electing to have pre-tax payroll deducted.

Flex Comp Plan Enrollment

Non-NDPERS Plans

The following insurance products are not administered by NDPERS but may be paid through pre-tax payroll deductions. Please mark the checkbox and indicate the effective date for each insurance product you wish to have pre-tax payroll deducted.

The change must be consistent with the IRS qualifying event.

Select	Provider
☐	AFLAC-Accident
☐	AFLAC-Cancer
☐	AFLAC-Hospital Confinement
☐	AFLAC-Hospital Intensive Care
☐	AFLAC-Lump Sum Critical Illness
☐	AFLAC-Specified Health Event
☐	Central United - Cancer
☐	Colonial Life - Accident
☐	Colonial Life - Cancer
☐	Colonial Life - Medical Bridge
☐	Total Dental Administrators (TDA) - Elite Choice
☐	Usable - Accident Elite
☐	Usable - Cancer Care Elite
☐	Usable - Hospital Confinement Plan

Note - Total Dental Administrators is not the NDPERS Dental Plan (Delta Dental is the NDPERS dental plan)

Previous Next Finish

4) Review your enrollments for accuracy and click next if accurate

Flex Comp Plan Enrollment

Enrollment Details

Change Reason : Annual Enrollment Medical Spending : \$2,000.00
Date of Change : 01/01/2027 Dependent Care : \$5,000.00

Non-NDPERS Pretax Premiums

Select	Provider	Effective Start Date	Effective End Date
No records to display.			

[Previous](#) [Next](#) [Finish](#)

5) Select the acknowledgement and click save and continue to save your elections

Acknowledgement and Signature

Member Authorization

I authorize NDPERS to adjust my pay as required by my election. I understand that the benefit options I have elected will remain in force throughout the plan year unless I have a change in status event allowed under IRC Section 125. I understand that if my required contributions for the elected insurance premiums are increased or decreased while this agreement is in effect, my pay reduction will automatically be adjusted to reflect that increase or decrease. I understand that I have until April 30 following the end of the plan year to be reimbursed for eligible expenses incurred during my period of coverage. Any amounts remaining in my account(s) not used for eligible expenses incurred during my period of coverage or any applicable grace period, will be forfeited in accordance with current plan provisions and tax laws. I understand I cannot participate in the FlexComp medical spending account if I am covered on the NDPERS High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

☒ I, _____, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDPERS to make my requested changes/updates to my record. 8/26/2026 10:50:44 AM

[Previous](#) [Next](#) [Save and Continue](#)

- a. If you'd like to waive coverage:
- Select waive from the drop down menu
 - Select the box next to "waive"
 - Click next

Flex Enrollment Option

Enroll - Use this option to add or modify existing coverage.
Waive - Waive participation in the plan. If you are currently enrolled, this option will end your existing coverage.

For additional plan information, please click the link below.

[Plan Information](#) [Video](#)

Plan Enrollment Option : **Waive**

Waived

I understand that by declining during annual enrollment, I can only apply for coverage during the plan year if I experience an IRS Qualified Change of Status.

☒ **Waive**

I, _____, acknowledge that by completing this action, I am electronically signing the plan enrollment or change application and am authorizing NDPERS to make my requested changes/updates to my record. 10/12/2026 7:52:28 AM

[Previous](#) [Next](#) [Finish](#)

Acknowledgement of Each Election

You are now on the Acknowledgement and Signature step of your enrollment request.

Please review the entire page to ensure all your elections are correct, and select the “Finish” button at the bottom of the page.

If you need to correct an election from a previous step, use the Previous button to go back to the previous step that needs correction, then proceed forward using the Next button.

Your elections are not submitted to NDPERS until you are on Step 13.

Print for your Records

You now can print the application for your records, if desired. Scroll to the bottom of the page and click print.

Alerts and Messages

Once NDPERS has received and processed your enrollment request, you will see a message on your Alerts & Messages

