62721

VERIFICATION OF DUAL MEMBERSHIP

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 62721 (07-2026)

Clear Form

PART A MEMBER INFORMATION

Name (Last, First, Middle)		NDPERS Member ID
Last Four Digits of SSN	Date of Birth (mm/dd/yyyy)	Home Phone
Email		Cell Phone
Employer		Work Phone

PART B PREVIOUS SERVICE HISTORY (To be completed by previous employer)

The above member is requesting dual member service credit with NDPERS. This requires verification that the member is or was employed as a full time, regularly funded, eligible employee of the North Dakota University System (NDUS). Note: If applying for dual credit with more than one university, a separate form for each university must be completed.

Indicate the dates the member had service credit in the NDUS retirement plan and met the following criteria:

1. Employed by participating employer.
2. Service credit earned while age 18 or older.
3. Position is permanent.
4. Worked at least 20 hours per week for at least 20 weeks per year.

Employer	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Months

Specify any dates or periods of unpaid leave of absence:

1. Did the member meet the four eligibility criteria above for the dates listed?
   ☐ Yes ☐ No (if yes, eligible)
2. Is the member receiving or entitled to a benefit from your system (account left intact)?
   ☐ Yes ☐ No (if yes, eligible)
3. Has a refund/rollover application been submitted to fully liquidate/forfeit this service?
   ☐ Yes ☐ No (if yes, eligible)

PART C PREVIOUS PUBLIC EMPLOYER VERIFICATION

I verify to the best of my knowledge, and after appropriate investigation, the above is a correct statement of service performed by the member for this university. I understand the above named member has filed a claim for dual member credit as indicated in the information above. I have verified this claim, after correcting any errors, and certify to the best of my knowledge and belief the statements made above are full, true, and correct, and reflect the dates as contained in our records.

Previous Employer's Signature (Electronic signatures not accepted.)	Date

PART D MEMBER CERTIFICATION & AUTHORIZATION TO RELEASE INFORMATION

I am verifying my North Dakota University System TIAA retirement account is currently intact and will remain intact to meet eligibility for dual membership under NDPERS. I understand that my dual member service credit will only apply to vesting and meeting "Rule," if appliable, under NDPERS and will be verified again at time of my retirement.

I declare that the above mentioned statements are full, true, and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentation and fraud. I hereby authorize the release of any and all information pertaining to my participation in the retirement system of my NDUS employer.

Member's Signature (Electronic signatures not accepted.)	Date

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Mail: NDPERS, PO Box 1657, Bismarck, ND 58502-1657
Email: ndpers-info@nd.gov, Fax: (701) 328-3920

INSTRUCTIONS

PART A MEMBER INFORMATION

For member identification, please provide all requested information.

PART B PREVIOUS SERVICE HISTORY

TO BE COMPLETED BY PREVIOUS EMPLOYER

Previous employer enters name and address of ND University in which service is being claimed.

Enter start and end dates of NDUS employment service. Be sure to include any dates of unpaid leave of absences during the indicated employment service.

PART C PREVIOUS PUBLIC EMPLOYER VERIFICATION

Previous employer must sign and date this section to certify all information is accurate.

PART D MEMBER CERTIFICATION & AUTHORIZATION TO RELEASE INFORMATION

Member must sign and date this section to authorize NDUS employer to certify employment history and to certify that all information provided on this form is accurate.

FILING PROCEDURE: Forward the form to NDPERS and retain a photocopy for agency records.