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EMPLOYEE ELIGIBILITY REPORT

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

Please list the names of all employees who are on the agency's covered payroll. You must provide the requested information; the Authorized Agent for the agency is required to sign the document. This form must be returned to the NDPERS office along with the required NDPERS enrollment and waiver forms. Former employee(s) currently participating on a COBRA policy, please indicate the COBRA effective date.

Name	Social Security Number*	Date of Hire	Employment Status		COBRA Effective Date	NDPERS USE ONLY	
			Full-time	Part-time		Application	Waiver

Organization	Organization ID
Authorized Agent Signature (Required) (Electronic signatures will not be accepted)	Date