NDPERS Member Self Service
Annual Enrollment Guide

Employee Guide
# Table of Contents

Getting Your NDPERS Member ID........................................................................................................Page 2

Instructions for Logging into Member Self Service (MSS)..................................................................Page 3 – 12
  What is a North Dakota Login ID?, Page 3
  Section 1 – ND Login ID – New Account, Page 4
  Section 2 – ND Login ID – Existing Account, Page 7
  Section 3 – Login to Member Self Service (MSS), Page 9
  Section 4 – Problem/Error Resolution, Page 11

Your Home Page, Accessing Annual Enrollment................................................................................Page 14

Health/Dental/Vision Enrollments........................................................................................................Page 16

Life Insurance Enrollment.......................................................................................................................Page 19

State of North Dakota FlexComp Enrollment.......................................................................................Page 22

The Review Step in Your Enrollment Process.......................................................................................Page 25

The Acknowledgement and Your Signature Step in Your Enrollment Process........................................Page 26

Print For Your Records.........................................................................................................................Page 27

Continuing onto Another Plan Enrollment..........................................................................................Page 28

Alerts & Messages................................................................................................................................Page 29

457 Deferred Compensation – Voluntary Supplemental Retirement Savings......................................Page 30
Getting Your NDPERS Member ID

1. For new hires after 10/1/2010, NDPERS mails your Member ID to your home address 3 to 5 business days after your employer notifies NDPERS
   a. Employees hired prior to 10/1/2010 were mailed their Member Id in October 2010

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 XP or higher and Microsoft Internet Explorer 6.5 or higher are recommended. If you are using Microsoft Internet Explorer 8 or 9, please add the PERSLink Member Self Service (MSS) web site to your “compatibility view” settings by selecting “Tools” => “Compatibility View Settings”. 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.

The application has also been successfully tested using Google Chrome, Opera 11.50 and Mozilla Firefox 3.6.3 and higher. In addition, you will 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 are:

- Department of Human Services - Online Child Support
- ND Game and Fish - Online Services
- 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://perslink.nd.gov/PERSLinkWSS/wfmLoginME.aspx

You should see the page below:

![ND Login Screen](image)

Figure 1.1 – ND Login Screen
At the login screen, select the link titled, ‘Register Now!’ which is located in the middle of the page. The following page should display:
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, select the check box in the ‘Terms of Use’ section indicating that you agree with the terms.

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.

Figure 1.3 – Activate Your Account
Activating your account will allow you to use your newly-created ND Login credentials.

Figure 1.4 – Account Activation Confirmation

Section 2 – ND Login ID – Existing Account

If you currently have a ND Login ID, you must 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://perslink.nd.gov/PERSLinkWSS/wfmLoginME.aspx

Next, select ‘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, you will see the PERSLink Member Self Service login page as shown below:

![PERSLink MSS Authentication Screen](image)

**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 receive errors or have other problems with the North Dakota Login ID process, please contact the ITD Service Desk by selecting the ‘Service Desk’ link which can be found on the ND Login page (see below).

Figure 4.1 – Contact the ITD Service Desk
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.

Figure 4.2 – Forgot Member ID
Please enter all following information:

Last Name: 

Last 4 digits of SSN: 

Date of Birth: 

Month  

Day  

Year 

Mail My Member ID to Me  Close

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

---

Figure 4.3 – Retrieve Member ID
To make your Annual Enrollment elections, on Your Home Page
Go to the Annual Enrollment menu option outlined in Red.
Click on “Make your Annual Enrollment Elections Here”

If you are newly hired and wish to enroll in your benefits as a new employee, you must make your elections in the **NDPERS Plans** menu option.

Once you have completed your benefit enrollments as a new employee, return to the Annual Enrollment Menu Option to make your annual enrollment elections.
Only the Benefit Plans your Employer offers are listed under the “Benefit Plans that you are eligible to enroll in during Annual Enrollment”. Political subdivisions within the state of North Dakota are not eligible to participate in the NDPERS Dental, Vision, Employee Assistance, and Flexible Compensation Plans (with the exception of the district health units).

Please read the “Annual Enrollment Highlights” text by clicking 'learn more' before proceeding with your annual enrollment requests.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Status</th>
<th>Request Status</th>
<th>Annual Enrollment Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>Enrolled</td>
<td></td>
<td>Learn More</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>Enrolled</td>
<td></td>
<td>Learn More</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>Enrolled</td>
<td></td>
<td>Learn More</td>
</tr>
<tr>
<td>Vision Insurance</td>
<td>Eligible</td>
<td></td>
<td>Learn More</td>
</tr>
<tr>
<td>FlexComp</td>
<td>Waived</td>
<td></td>
<td>Learn More</td>
</tr>
</tbody>
</table>

Do you want to ENJOY a comfortable lifestyle financially?

- Yes, help me take that step now.
- No, I don’t want to plan for my future.
Health, Dental, & Vision Enrollments:

1. If you are currently enrolled, please review your plan details.
2. At the bottom of your screen, answer the following 2 questions:
   a. Do you want to make any changes to your current enrollment? If No
      i. Do you wish to have your insurance premiums deducted as a pre-tax payroll deduction? No or Yes
   b. Do you want to make any changes to your current enrollment? If Yes
      i. Do you want to cancel your current enrollment? No or Yes
3. Select “Continue Annual Enrollment” to move on to the next step
1. Select Level of Coverage
2. For NDPERS Delta Dental and Superior Vision plans, your election to pre-tax these premiums is made when enrolling in these plans not through your NDPERS FlexComp enrollment process.

Permanent employees of a state agency, university system or district health unit are eligible to participate in the NDPERS dental and vision plans; however, employees of the university system are excluded from participation in the NDPERS FlexComp plan.

Dental Insurance Plan

Enrollment

Level of NDPERS Coverage: Family

Your insurance premium can be a pre-tax payroll deduction. If you pretax 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

Other Coverage Information

Are you, your spouse or any of your Eligible Dependents currently or were previously covered by another insurance benefit plan(s)? (Please send NDPERS a copy of the applicable Certificate(s) of Coverage or other documentation from your insurance company.) No

Workers’ Compensation/No-Fault

Are you, your spouse or any of your eligible dependents currently receiving or have received worker’s compensation benefits? No

Are you, your spouse or any of your eligible dependents currently receiving no-fault benefits? No

Finish Later

Previous Next Finish
1. If you chose a family plan, please update your covered dependent(s) on the Dependents step.
   a. Either Add a New Dependent by Selecting the Add New Dependent Button. You will need your dependent’s date of birth and Social Security Number
   b. Or Select “Update” to update existing dependent information. Your dependent information will popup for you to Enroll or Waive dependent coverage

### Dental Insurance Plan

Please review your dependents already on record. If enrolling a dependent, select the dependent and change the Enrollment Option to “Enrolled”. If you do not want coverage for a dependent, their Enrollment Option should be “Waived”.

#### Spouse / Dependents

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Date Of Birth</th>
<th>Effective End Date</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Relationship</th>
<th>SSN</th>
<th>Enrollment Option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Finish Later

---

### Spouse / Dependent Info

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender:** Female

**Marital Status:** Single

**Dependent Enrollment Option:** Enrolled

**Middle Name:**

**Relationship:** Step Child

**Date of Birth:**

---

**Finish**
Life Insurance

Do you wish to make a change to your current enrollment?
Select Yes: To add, increase, decrease
Select No: No change to current employee Supplemental Life

Life Insurance Plan Enrollment

Plan Details

Plan Name: Life
Plan Participation Status: Enrolled
Start Date: 02/01/2015
End Date: 
Pre-tax Payroll Deduction: Yes

Provider: Voyo Financial

Level of Coverage

<table>
<thead>
<tr>
<th>Level Of Coverage</th>
<th>Coverage Amount</th>
<th>Effective Start Date</th>
<th>Effective End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$7,000.00</td>
<td>01/01/2020</td>
<td></td>
</tr>
<tr>
<td>Supplemental</td>
<td>$193,000.00</td>
<td>01/01/2020</td>
<td></td>
</tr>
<tr>
<td>Dependent Supplemental</td>
<td>$10,000.00</td>
<td>01/01/2020</td>
<td></td>
</tr>
<tr>
<td>Spouse Supplemental</td>
<td>$100,000.00</td>
<td>01/01/2020</td>
<td></td>
</tr>
</tbody>
</table>

Beneficiaries

<table>
<thead>
<tr>
<th>Beneficiary Name</th>
<th>Relationship</th>
<th>Type</th>
<th>Percentage</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Primary</td>
<td></td>
<td>100.00</td>
<td>02/01/2015</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Contingent</td>
<td></td>
<td>100.00</td>
<td>02/01/2015</td>
<td></td>
</tr>
</tbody>
</table>

To update or change your designation of beneficiary, you must complete and mail a SFN-50855 Life Insurance Designation of Beneficiary to NDPERS.

Do you want to make any changes to your current enrollment? Yes No
Life Insurance Continued

1. Enter each level of coverage you are electing
2. Make your Pre-Tax Payroll deduction election. This defaults to “Yes”.
   State Employees including members of the Legislative Assembly & participating District Health Units (Employees of the university system and political subdivisions are excluded from participation in the NDPERS FlexComp plan.)
3. Do you wish to make a change to your employee Dependent or Spouse Supplemental Life insurance?
   a. Select Yes: To add, increase, decrease coverage amount
   b. Select No: No change to current Dependent or Spouse Supplemental Life
   c. Select Waist: To discontinue participation in Dependent Life. This will also waive any spouse supplemental life

Supplemental Life and AD&D 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 $200,000 without underwriting.

For amounts larger than $25,000, or in excess of $200,000 up to $400,000 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 $200,000) 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 $200,000.00. I wish to apply for a TOTAL (existing amount plus increased amount) of $200,000.00 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? [ ] Yes [ ] No

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

[ ] Yes
[ ] No
[ ] Waist

If you select WAIVE, this will cancel your current dependent supplemental life INSURANCE.
The following circumstances will require completion of the “Life Insurance Evidence of Insurability form (EOI)”:  
- Adding employee supplemental life insurance (employee only has Basic $7,000)  
- Increasing existing employee supplemental life insurance above $25,000  
- Increasing existing employee supplemental life insurance above $200,000 guarantee issue  
- Adding or increasing spouse supplemental coverage (any amount) 

This form can be found in the Forms Tab at the upper right side.
State of ND FlexComp Enrollment
State Employees including members of the Legislative Assembly & participating District Health Units (Employees of the university system and political subdivisions are excluded from participation in this plan.)

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

Flex Comp Plan Annual Enrollment

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

Yes
No

Continue Annual Enrollment
State of ND FlexComp Enrollment Continued

Enter your Medical Spending and/or Dependent Care Reimbursement **ANNUAL** amount. This is an ANNUAL amount, not MONTHLY amount.

**Flex Comp Plan Enrollment**

**Medical Spending Reimbursement Account**

Plan participation is for the Plan Year starting **January 01, 2021** through **December 31, 2021**

What is the total ANNUAL amount you want payroll deducted for this Plan Year? **$2,750.00**

(Total cannot exceed $2,750.00 for the Plan Year.)

**Dependent Care Reimbursement Account**

Plan participation is for the Plan Year starting **January 01, 2021** through **December 31, 2021**

What is the total ANNUAL amount you want payroll deducted for this Plan Year? **$5,000.00**

(Total cannot exceed $5,000.00 for a single parent, $5,000.00 for a married couple filing a joint tax return, or $2,500.00 for a married person filing a single tax return.)
Select any Non-NDPERS insurance products you are electing to have pre-tax payroll deducted.

Non-NDPERS Plans

The following insurance products are not administered by NDPERS but may be paid through pre-tax payroll deductions. Please enter the insurance product(s) you wish to have payroll deducted pre-tax.

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

<table>
<thead>
<tr>
<th>Select</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Central United - Cancer</td>
</tr>
<tr>
<td></td>
<td>Total Dental Administrators (TDA) - Elite Choice</td>
</tr>
<tr>
<td></td>
<td>AFLAC-Cancer</td>
</tr>
<tr>
<td></td>
<td>AFLAC-Hospital Confinement</td>
</tr>
<tr>
<td></td>
<td>AFLAC-Hospital Intensive Care</td>
</tr>
<tr>
<td></td>
<td>AFLAC-Accident</td>
</tr>
<tr>
<td></td>
<td>AFLAC-Lump Sum Critical Illness</td>
</tr>
<tr>
<td></td>
<td>AFLAC-Specified Health Event</td>
</tr>
<tr>
<td></td>
<td>Colonial Life - Accident</td>
</tr>
<tr>
<td></td>
<td>Colonial Life - Cancer</td>
</tr>
<tr>
<td></td>
<td>Colonial Life - Medical Bridge</td>
</tr>
<tr>
<td></td>
<td>Usable - Accident Elite</td>
</tr>
<tr>
<td></td>
<td>Usable - Cancer Care Elite</td>
</tr>
<tr>
<td></td>
<td>Usable - Hospital Confinement Plan</td>
</tr>
<tr>
<td></td>
<td>Custer Health Unit Only - BCBS Dental</td>
</tr>
<tr>
<td></td>
<td>Custer Health Unit Only - BCBS Vision</td>
</tr>
</tbody>
</table>

**Note:** Total Dental Administrators (TDA) – Elite Choice is not the NDPERS Dental Plan (Delta Dental is NDPERS dental plan)
When you are done entering your plan enrollment information, you will move on to the “Review Enrollment” step.

1. Review all the information you have entered before going to the next step. It is important to review the information you have entered for your enrollment; your enrollment will be based on the information you submit.

2. If you need to change any information, Click the “Previous” button at the bottom of your page.

---

### Flex Comp Plan Enrollment

#### Enrollment Details

- **Change Reason**: Annual Enrollment
- **Date of Change**: 01/01/2021
- **Medical Spending**: $0.00
- **Dependent Care**: $5,000.00

#### Non-NDPERS Pretax Premiums

<table>
<thead>
<tr>
<th>Select</th>
<th>Provider</th>
<th>Effective Start Date</th>
<th>Effective End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No records to display.</td>
</tr>
</tbody>
</table>

---

[Image of the web interface with navigation buttons: Previous, Next, Finish]
You are now on the Acknowledgement and Signature step of your enrollment request. Please read the entire page and check the box by your “signature” at the bottom of the page, Select the “Finish” button

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 for 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 understand that by clicking the Enroll/Finish/Save button, I am signing the plan enrollment/changes and am authorizing NDPERS to make my requested changes/updates to my record 8/11/2020 9:05:46 AM.
You now on the Print For your Records step.
To proceed to your next enrollment request, Click the “Back to your NDPERS Plans”
Once NDPERS has received and processed your enrollment request, you will see a message on your Alerts & Messages.
457 Deferred Compensation – Voluntary Supplemental Retirement Savings

In an effort to encourage members to adequately save for their retirement, NDPERS will include a call-out box with a red frame in the Annual Enrollment Member Self Service screen. Members can choose not to make any elections and continue with their other annual enrollment benefits elections as usual. If you select YES or NO, the information will expand on the same screen depending on the choice you made. Additional information is provided to understand the importance of your choice.

Do you want to ENJOY a comfortable lifestyle financially?

- Yes, help me take that step now.
- No, I don’t want to plan for my future.

Great! NDPERS makes saving for your future very easy with the 457 Deferred Compensation Plan. In addition to your NDPERS retirement account (future pension) and social security, you should set money aside by enrolling or increasing your contributions to a 457 Deferred Compensation.

- Contribute monthly to this voluntary program and your NDPERS retirement account balance automatically increases through the Portability Enhancement.

- Increase your contributions at any time to make your paycheck go further and reduce your annual taxes.

- Select your own 457 Deferred Compensation provider or enjoy the convenience of the NDPERS Companion Plan.

Continue to Deferred Compensation Enrollment

Do you want to ENJOY a comfortable lifestyle financially?

- Yes, help me take that step now.
- No, I don’t want to plan for my future.

Previously, you chose to delay enjoying a comfortable lifestyle financially. You can change your mind and start planning for your financial future at any time.