

Defined Benefit Plan

The Guide to Retirement

Agenda:

- Quick overview of your retirement plan
 - *Estimates, Payment Options, RHIC, Insurances, Deferred Compensation*
- Timeline: Plan Ahead
- Purchasing Sick Leave
- Rollover Annual Leave & Sick Leave Pay
- Retirement Forms
- Resources (YouTube, Empower, NDPERS website)
- MSS (changing personal information)

Your Tier Determines...

Your normal retirement date – rule of 85 or 90 or your plan's normal retirement age

The multiplier used to calculate your monthly retirement benefit

Whether or not you have a Retiree Health Insurance Credit (RHIC)

The early retirement reduction percentage

The vesting schedule for your retirement plan

Log onto MSS to determine your tier and run your benefit estimate

Retirement Benefit Formula



- **Years of Service (YOS):** One month of service for each month of contribution
- **Final Average Salary (FAS):** Average of your highest 3 consecutive 12-month periods during the last 180 months worked
- **Benefit Multiplier:** **Varies** depending on Tier and Retirement Plan (Main, BCI, Public Safety, Highway Patrol, Judges)

Retirement Benefit Options:

Single Life

50 % or 100% Joint & Survivor

10 Year Term Certain

20 Year Term Certain

* Partial Lump Sum Option (PLSO)

* Graduated Benefit Option

*Only available for members at normal retirement



Please Note: Highway Patrol and Judges have slightly different benefit options

Sample: Defined Benefit Plan Estimate

Benefit Multiplier:	2.00%	Marital Status:	Married
Age at Retirement:	65	Retirement Date:	October 01, 2025
Years of Service Credit:	8.9167	Account Balance:	\$48,175.96
Final Average Salary:	\$5,618.33	Tier:	Tier 2 Main 2016

Benefit Sub-Type: Normal Retirement (Unreduced)

Please refer to the enclosed Retirement Plan Brochure for an explanation of your retirement benefit options. Refer to the NDPERS on-line help for complete information on retirement benefits.

These are projected estimates and are subject to validation at the time you retire.

RETIREMENT BENEFIT OPTIONS

Single Life Benefit:	\$1,001.94
50% Joint & Survivor Benefit:	\$919.08
100% Joint & Survivor Benefit:	\$848.84
Ten (10) Year Term Certain Benefit:	\$975.69
Twenty (20) Year Term Certain Benefit:	\$912.97

Under all retirement options, the fund guarantees a minimum payout equal to the member account balance determined at retirement. This is the sum of your employee contributions, any vested employer contributions, plus interest earned.

Sample: Retiree Health Insurance Credit - RHIC

RETIREE HEALTH INSURANCE BENEFIT OPTIONS (RHIC)

Standard Health Credit:	\$44.58
Alternate 50% Joint & Survivor Health Credit:	\$40.89
Alternate 100% Joint & Survivor Health Credit:	\$37.77

- Your monthly, lifetime retirement payment may also have a retiree health insurance credit (RHIC) - available every month.
- Calculated as \$5 for every year worked.
- Available every month.
- Administered by ASIFlex.
- Reimbursement of after-tax health, dental, vision, and long-term care premiums.
- NDPERS retiree insurances are auto-validated to ASIFlex and will automatically be reimbursed each month.
- Non-NDPERS insurances must be claimed by the retiree.

*** Not all retirement plans have RHIC**

Health, Vision, Dental & Life Insurance

Retirees receiving a retirement benefit may be eligible to participate in:

- Health insurance
 - COBRA for up to 18 months if you currently have health coverage through the State of ND
 - Dakota Retiree Plan (if you or at least one dependent in your household has Medicare Part A & B)
- Dental insurance
- Vision insurance
- Life Insurance (*if continued without break from enrollment as an active employee*)

Health Insurance Options at Retirement

Dakota Retiree Plan:

- Supplement to Medicare Parts A and B and includes the Part D prescription plan. (The supplement and Part D are “bundled” & not sold separately)

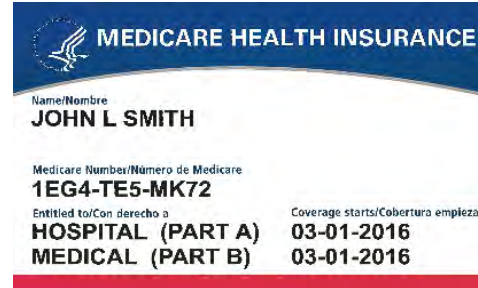
One Medicare + Other(s) Health Insurance: (also called [One Medicare/One Non-Medicare](#))

- The “One” Medicare is the Dakota Retiree Plan, which is a supplement to Medicare Parts A and B and includes the Part D prescription plan.
- The “other(s)” is the non-Medicare individual(s) enrolled in the Dakota Plan.

How Medicare and the Dakota Retiree Plan Work Together

1

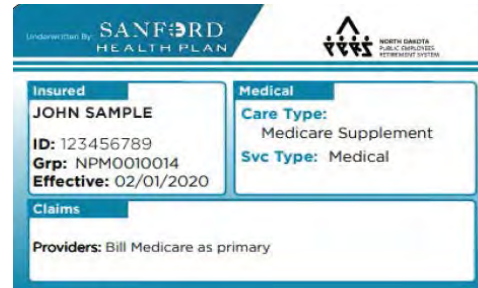
Medicare - pays first for medical and hospital visits



You get through Social Security

2

Sanford pays second – after Medicare. You cannot be enrolled in secondary insurance if you don't have primary insurance!



Dakota Retiree Plan through NDPERS

3

Humana Group Medicare is the Part-D Prescription Drug Plan





Consider Supplemental Retirement Savings

457 Deferred Compensation

- Voluntary supplemental retirement plan
- Investing Pre-tax dollars to lower your taxable income

(Funds are taxed at the time of distribution)

- You select how your money is invested
- Increase, decrease, suspend contributions at any time
- May be used to purchase service credit

Annual 457 Deferral Limits

Minimum:

\$25 per month

Maximum:

The lesser of:

The Annual IRS Limit (Changes Yearly)

Annual limits are located on the NDPERS Website on
Enrollment/Change Form SFN 3803

or

100% of Taxable Compensation



Retirement Timeline:

6 months to one year before terminating employment

- Determine the insurance options you will need after retirement: COBRA, private healthcare, Marketplace, Medicare, Medicare Supplement, Part D, dental, vision, and life insurances.
- Your pension is taxable – discuss state and federal withholdings with your tax professional.
- Apply for Medicare (if eligible) 90 days before you need to have the insurance (Part A is free, Part B is the medical part with a monthly fee.)
- Visit the social security website to get an estimate of your monthly social security payments (if eligible.)
- Watch NDPERS pre-retirement education YouTube videos (link on www.ndpers.nd.gov)
- Plan post-retirement budget.
- Find your birth certificate and if applicable, your spouse's birth certificate and marriage certificate

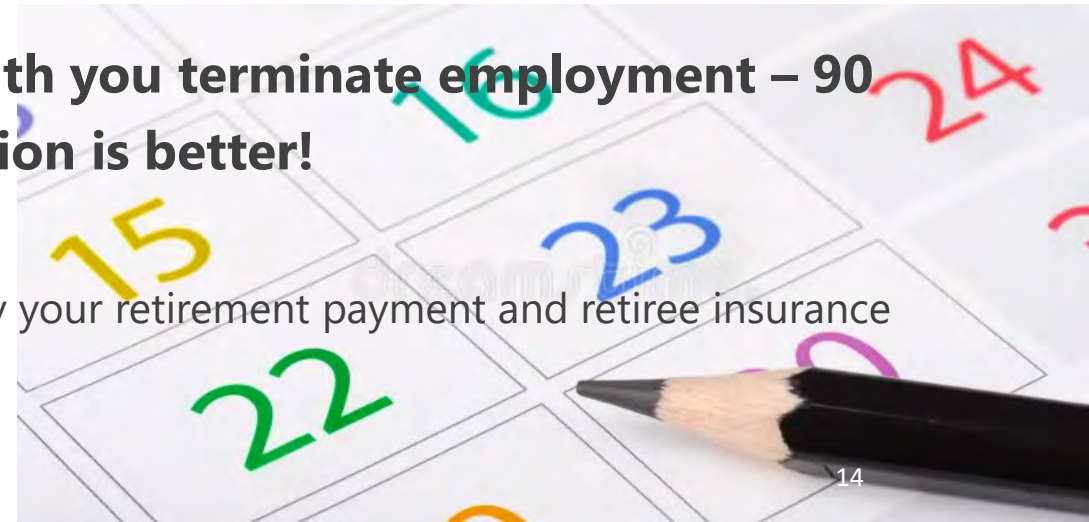
Retirement Timeline

- **90 days before terminating employment**

- If eligible, apply for Medicare
- Meet with your NDPERS retirement counselor
- Complete the NDPERS retirement forms if you are ready
- Complete the Empower retirement form if you are ready
- Be aware: If you meet your plan's rule for retirement and are under age 59 ½, there could be tax implications for returning to work for an agency that has NDPERS benefits without a 31-day break.
- Be aware! If you plan to work with another NDPERS employer (or go back to work with your same employer) after retiring, check with NDPERS to find out about restrictions on returning to employment while collecting your pension.

- **No later than the month you terminate employment – 90 days prior to termination is better!**

- Submit all NDPERS forms
- Late applications will delay your retirement payment and retiree insurance enrollment



	State Employee	Non-State Employee	Non-State Delayed Payroll
Call PERS (701-328-3900) or request and appointment in MSS to set up appointment with a retirement counselor 60-90 days before your last day of work.			
Last day of employment	Ex: 7/5/2026	Ex: 7/5/2026	Ex: 7/5/2026
Date of your last paycheck	8/1/2026	Last check in same month	Last check in following month (delayed)
<u>Retirement Forms Due:</u> To avoid a delay in your benefits, submit no later than the same month you leave employment. (60-90 days before your last day is preferred)	7/31/2026 (May or June = preferred)	7/31/2026	8/31/2026
NDPERS Retirement Date	8/1/2026	8/1/2026	9/1/2026
Sick leave conversion application due	7/31/2026	7/31/2026	8/31/2026
Employer-sponsored health insurance ends	8/31/2026	check with your employer	check with your employer
Annual leave and sick leave payout (if applicable)	8/10/2026	check with your employer	check with your employer
Sick Leave conversion purchase: payment & forms due	8/15/2026	8/15/2026	9/15/2026
Monthly pension check and insurances begin	9/1/2026	9/1/2026	10/1/2026
If eligible for Retiree Health Insurance Credit (RHIC), auto-reimbursed for NDPERS insurances	9/1/2026 (3-5 days after pension)	9/1/2026 (3-5 days after pension)	10/1/2026 (3-5 days after pension)
If eligible for Retiree Health Insurance Credit (RHIC), Non -NDPERS insurances, you must claim the benefit	Submit first claim after 9/1/2026	Submit first claim after 9/1/2026	Submit first claim after 10/1/2026

Purchasing (Converting) Unused Sick Leave



Only done upon leaving employment

The cost is determined by a conversion formula

You may purchase your sick leave even if your employer pays you for all or part of your sick leave balance...this is separate!



Complete Parts A, B, and C on the SFN 58358 –
Conversion of Unused Sick Leave Form

* application to be submitted with your retirement forms



NDPERS sends you a request for payment

Payment is due by 15th of month following the month in which you leave employment.

Pay NDPERS for converted sick leave



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graph TD; A[Pay NDPERS for converted sick leave] --> B[Adds additional service months to your future retirement benefit]; B --> C[Since you did not work these months of sick leave, the funding of the retirement plan for that month must come from you]; C --> D[Begin the process by completing the Conversion of Unused Sick Leave Application – SFN 58358];
```

Adds additional service months to your future retirement benefit

Since you did not work these months of sick leave, the funding of the retirement plan for that month must come from you

Begin the process by completing the Conversion of Unused Sick Leave Application – SFN 58358

Paying to Convert Unused Sick Leave

You can purchase your sick leave from PERS - even if your employer pays you for all or part of it!

Compare Reasons to Convert Unused Sick Leave:

NO CONVERTED SICK LEAVE

Your estimated benefit is calculated assuming the following information:

Benefit Multiplier:	2.00%	Marital Status:	Married
Age at Retirement:	65.5	Retirement Date:	August 01, 2025
Years of Service Credit:	19.2500	Account Balance:	\$154,093.38
Final Average Salary:	\$7,643.83		

Benefit Sub-Type: Normal Retirement (Unreduced)

No purchase

RETIREMENT BENEFIT OPTIONS

Single Life Benefit:	\$2,942.87
50% Joint & Survivor Benefit:	\$2,734.22
100% Joint & Survivor Benefit:	\$2,553.53
Ten (10) Year Term Certain Benefit:	\$2,865.18
Twenty (20) Year Term Certain Benefit:	\$2,685.96

RETIREE HEALTH INSURANCE BENEFIT OPTIONS (RHIC)

Standard Health Credit:	\$96.25
Alternate 50% Joint & Survivor Health Credit:	\$89.43
Alternate 100% Joint & Survivor Health Credit:	\$83.52

CONVERTED SICK LEAVE

* INCREASE YOUR BENEFIT BY \$65.79 PER MONTH

Your estimated benefit is calculated assuming the following information:

Benefit Multiplier:	2.00%	Marital Status:	Married
Age at Retirement:	65.5	Retirement Date:	August 01, 2025
Years of Service Credit:	19.6667	Account Balance:	\$154,093.38
Final Average Salary:	\$7,643.83		

Benefit Sub-Type: Normal Retirement (Unreduced)

Includes 5M of SL at approximate cost of \$5832.24.

RETIREMENT BENEFIT OPTIONS

Single Life Benefit:	\$3,006.58
50% Joint & Survivor Benefit:	\$2,793.41
100% Joint & Survivor Benefit:	\$2,608.81
Ten (10) Year Term Certain Benefit:	\$2,927.21
Twenty (20) Year Term Certain Benefit:	\$2,744.11

RETIREE HEALTH INSURANCE BENEFIT OPTIONS (RHIC)

Standard Health Credit:	\$98.33
Alternate 50% Joint & Survivor Health Credit:	\$91.36
Alternate 100% Joint & Survivor Health Credit:	\$85.32

If your plan
has an RHIC

* Each individual's increase and purchase cost will vary – determined by their plan and Final Average Salary (FAS)

Consider Rolling Your Annual and Sick Leave Payout into your 457 Plan

If you have a Deferred Compensation Account (457 Plan), you may choose to roll your annual leave and sick leave payout into this account upon termination.

Why?

Annual Leave (PTO) and sick time that are paid out are taxed differently. The IRS requires a 20% mandatory federal tax withholding on lump sum payouts, which is often a higher tax rate than regular earnings. You can avoid federal and state withholding by electing a direct rollover of your lump-sum payment into a 457 deferred compensation plan.

- Money grows tax deferred and is taxed at current tax rate upon taking regular future distribution.
- Contributions to a 457 plan are tax-deferred for federal and state taxes ONLY. Social Security and Medicare taxes are not deferred. The taxes withheld for Social Security and Medicare then become gross taxable wages for federal and state and are taxed at the supplemental rates.

** Note: Your total 457 contributions for the year may **NOT** exceed the annual IRS calendar year limit (regular monthly + lump sum deferrals)*

You must be off payroll for 31 days



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graph TD; A[You must be off payroll for 31 days] --> B[1. Lump sum distribution  
(Subject to mandatory 20% federal tax)]; B --> C[2. Periodic payment  
Annually, semiannually, quarterly, monthly  
(Taxed as ordinary income)]; C --> D[3. Rollover to other tax qualified plans  
(Not subject to income tax)];
```

1. Lump sum distribution
(Subject to mandatory 20% federal tax)

2. Periodic payment
Annually, semiannually, quarterly, monthly
(Taxed as ordinary income)

3. Rollover to other tax qualified plans
(Not subject to income tax)

Distributions from your 457 Plan

Retirement Forms:

You can also speak to your NDPERS Counselor to receive pre-filled retirement forms or to set up an appointment for assistance! Call 701-328-3900

1

1

← → ↺ https://www.ndpers.nd.gov

Home | NDPERS Word of the Day - U...

An official website of the state of North Dakota. [Here's how you know](#)

Language: English

NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Member Login Employer Login

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2

Leaving NDPERS Membership

Upon notification from your employer, NDPERS will send you information regarding the NDPERS benefits in which you were enrolled. It is your responsibility to notify NDPERS of your elections related to retirement and/or the insurance plans.

Use the applicable guides and forms when making your elections:

- [Deferred Retirement Guide](#) and [Forms](#)
- [Refund/Rollover Guide](#) and [Forms](#)
- [Disability Retirement Guide](#) and [Forms](#)
- [Retirement Guide](#) for all NDPERS Plans
 - [Defined Benefit Retirement Forms Packet](#)
 - [Defined Contribution Retirement Forms Packet](#)

3



Retirement Forms – Required for Benefit Payment

- Application for Monthly Retirement Benefits for Defined Benefit [[SFN-2562](#)]
- Acknowledgment for Retirees Under 59½ Years of Age [[SFN-62620](#)]
- Legible Photocopies of Birth Certificate, Spouse's Birth Certificate and Marriage Certificate
- Authorization for Direct Deposit for Annuity Payments [[SFN-18379](#)]
- Designation of Beneficiary for the Group Retirement [[SFN-2560](#)]
- Withholding Certificate for Periodic Pension or Annuity Payments [[W-4P](#)]
- Withholding Allowance Election for Pension Payments [[SFN-51506](#)]

Retirement Forms – Optional

- Application for the Partial Lump Sum Option – Defined Benefit [[SFN-54373](#)]
(If at Normal Retirement Age)
- Application for the Graduated Benefit Option – Defined Benefit [[SFN-59596](#)]
(If at Normal Retirement Age)
- Conversion of Unused Sick Leave Application– Defined Benefit [[SFN-58358](#)]
Must be submitted prior to the last day of the month in which you terminate employment. (complete only if buying unused sick leave for retirement service credit)



APPLICATION FOR DEFINED BENEFIT PLAN MONTHLY PAYMENTS
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 2562 (Rev. 12-2021)

2562

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

PART A PARTICIPANT IDENTIFICATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Home Email Address	Daytime Telephone Number

PART B APPLICATION FOR RETIREMENT BENEFITS

Last Date of Employment (mm / dd / yyyy): ____ / ____ / ____ *

Last Paycheck Date for Hours Worked (mm / dd / yyyy): ____ / ____ / ____ *

* NDPERS will use these dates to determine your earliest eligible retirement date.

NDPERS Retirement Effective Date (mm / 1 / yyyy): ____ / 1 / ____

(If you provide an ineligible date, NDPERS will use an effective date based upon your earliest eligibility.)

SECTION 1 Main System & Public Safety Retirement Only

<input type="checkbox"/> Main System Early Retirement (Age 55-64)	<input type="checkbox"/> Single Life
<input type="checkbox"/> Main System Normal Retirement (Rule OR Age 65+)	<input type="checkbox"/> 50% Joint Survivor/Life
<input type="checkbox"/> Public Safety Early Retirement (Age 50-55)	<input type="checkbox"/> 100% Joint Survivor/Life
<input type="checkbox"/> Public Safety Normal Retirement (Rule of 85 OR Age 55+)	<input type="checkbox"/> 10 Year Term Certain/Life
	<input type="checkbox"/> 20 Year Term Certain/Life

SECTION 2 Highway Patrol & Judges Retirement Only

<input type="checkbox"/> Highway Patrol Early Retirement (Age 50-55)	<input type="checkbox"/> Normal Retirement with 50% Joint Survivor/Life
<input type="checkbox"/> Highway Normal Retirement (Rule of 80 OR Age 55+)	<input type="checkbox"/> 100% Joint Survivor/Life
<input type="checkbox"/> Judges Early Retirement (Age 55-64)	<input type="checkbox"/> 10 Year Term Certain/Life
<input type="checkbox"/> Judges Normal Retirement (Rule of 85 OR Age 65+)	<input type="checkbox"/> 20 Year Term Certain/Life

PART C RETIREE HEALTH INSURANCE CREDIT (RHIC) - Required ALL Plans (except Main 2020)
Late applicants do not receive retroactive RHIC benefits

You must select one of the following:

☐ I elect the Standard RHIC option (Default for Single member or Married member electing Joint Survivor Retirement above)

☐ If Married and electing Single Life, 10 or 20 Year Term Certain above, I elect the following actuarially reduced RHIC option: ☐ 50% Joint Survivor Life ☐ 100% Joint Survivor Life

PART D SICK LEAVE CONVERSION (Excluding Judges)

Do you wish to purchase all or part of your unused sick leave into retirement service credit? If Yes, the Conversion of Unused Sick Leave Application (SFN 58358) must be received prior to the last day of the month in which you either terminate or are no longer accruing sick leave.

☐ No ☐ Yes

PART E AUTHORIZATION

I elect to receive the NDPERS retirement benefits as indicated above. I understand I must submit a photocopy of my birth certificate. (If married, I must also submit a photocopy of spouse's birth certificate & marriage certificate.) This Application must be date stamped at NDPERS within 6 months of my retirement date and must be on file at least 30 days prior to the first retirement payment being issued. **Late applications will delay retirement effective date.**

Member's Signature (Electronic Signatures will <u>not</u> be accepted)	Date
--	------

SFN 2562: DB Plan Application

Part A: Complete with your personal information

Part B: All three dates must be correct – so your retirement benefits are calculated correctly!

1. Last date of Employment (includes "vacationing out.")
2. Last Paycheck Date for Hours Worked (this does NOT include payouts for annual/vacation or sick leave balances)
3. NDPERS Retirement Effective Date: is always the first of the month AFTER last check or last date of employment (whichever is later)

- Section 1 or Section 2: Mark your retirement plan (early or normal retirement) – AND - your pension payment selection

Part C: Retiree Health Insurance Credit

Part D: Sick Leave Conversion (Purchase)

Part E: Authorization – we need your "wet" signature & the date



DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 2560 (Rev. 08-2024)

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. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

PART A MEMBER INFORMATION

Name (Last, First, Middle)		NDPERS Member ID	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	Date of Birth (mm/dd/yyyy)	Last Four Digits of SSN
Spouse Name (Last, First, Middle)		Spouse Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PART B PLAN

<input type="checkbox"/> ALL DEFINED BENEFIT PLANS (Update beneficiaries for all plans)	<input type="checkbox"/> 401(a) DEFINED CONTRIBUTION PLAN*	
Mark plan below only if beneficiary designation should be applied to a specific plan:		
<input type="checkbox"/> Main / Main 2020	<input type="checkbox"/> Public Safety with Prior	<input type="checkbox"/> Job Service
<input type="checkbox"/> Judges	<input type="checkbox"/> Public Safety without Prior	<input type="checkbox"/> National Guard
<input type="checkbox"/> Highway Patrol	<input type="checkbox"/> State Public Safety	<input type="checkbox"/> BCI

PART C BENEFICIARY DESIGNATION

The percentage distribution upon your death for all primary beneficiaries must equal 100%; likewise, for contingent beneficiaries. If shares do not equal 100%, I grant NDPERS the authority to amend each of my beneficiaries (up to +/- 1%) to pay 100% of my total account balance with up to a 1% difference being credited to the eldest. If beneficiaries are listed but no shares designated, I grant NDPERS the authority to divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest.

PRIMARY BENEFICIARY(IES) – Must equal 100%

Name	Relationship	DOB	SSN#	%	Address and Phone Number

SECONDARY BENEFICIARY(IES) – Must equal 100%

Name	Relationship	DOB	SSN#	%	Address and Phone Number

PART D SPOUSE AUTHORIZATION (if applicable)

Only if you name a primary beneficiary other than or in addition to your spouse, your spouse must sign below. If a vested member is married, North Dakota law requires the spouse's consent before benefits can be paid other than to the member's spouse. (NDCC 30.1-05-02). If spouse's consent is given, please be advised, that if your primary beneficiary election is someone in addition to or in lieu of your spouse, there is no monthly pre-retirement death benefit provision.

I consent to the above retirement beneficiary(ies) designated by the above named NDPERS member.

Spouse's Waiver of Benefits (Electronic Signature will not be accepted)	Date
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PART E MEMBER AUTHORIZATION

I understand that this election revokes any previous retirement account beneficiary designations. I understand that, if married, upon divorce this designation is valid until signed divorce decree is received and a new beneficiary designation is submitted. I have read and understand the terms and conditions of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Member's Signature (Electronic Signature will not be accepted)	Date
--	------

2560

SFN 2560: Designation of Beneficiary

Part A: Complete with your personal information

Part B: Mark which retirement plan this pertains to

Part C:

- List Primary Beneficiary – fill in all blanks (Your spouse must be primary or must sign below in Part D to acknowledge they are not your primary beneficiary)
- List Secondary Beneficiary (ies) – fill in all blanks
- Each section – primary and secondary – must add up to 100%

Part D: Your spouse's signature is required ONLY if you elect someone else as your primary beneficiary

Part E: Authorization – we need your "wet" signature & the date



Insurance Forms – Required => Depending on what coverage you currently have with NDPERS your age (ex: are you Medicare eligible?)

Health - Continuation of Coverage

- Continuation of Group Insurance Coverage (COBRA) [[SFN-14120](#)]
(Complete only for family members electing individual coverage if currently covered on NDPERS Dakota Plan or HDHP plan)
- Retiree Continuation of Group Health Insurance Coverage (COBRA) [[SFN-53799](#)]
(Complete if currently covered on NDPERS Dakota Plan or HDHP Plan)

Health - Medicare Coverage

- Retiree Health Insurance Application with Medicare [[SFN-59562](#)]
(If either you or a dependent is over age 65)
- Medicare Prescription Drug Plan (PDP) Individual Enrollment Form [[SFN-58860](#)]
(One required for each member that will be on the Dakota Retiree Plan and cannot be signed or submitted more than 90 days prior to the requested effective date of coverage)

Life - Vision - Dental - Long Term Care - Flexible Medical Spending

- Retiree Life Insurance Application [[SFN-53622](#)]
(If currently enrolled, complete to continue coverage)
- Retiree Vision\Dental Insurance Enrollment, Change, or Cancel [[SFN-53504](#)]
(Complete if continuing, enrolling, or canceling coverage)
- Continuation of Coverage in Medical Spending Account (COBRA) [[SFN-53512](#)]
(Complete if continuing coverage for the rest of the plan year)
- 457 Deferred Compensation Plan Enrollment/Change [[SFN-3803](#)]

More Resources:

- NDPERS website: www.ndpers.nd.gov
- Visit NDPERS on YouTube:
www.youtube.com
- Empower – for 457(b) Deferred Compensation Plans and 401(a) Defined Contribution Plans and call 866-816-4400 or visit their website:
empowermyretirement.com
- Member Self-Service (MSS) w/PERS





NEW BENEFIT FOR MEDICARE RETIREES

As an NDPERS Medicare retiree and a Sanford Health Plan member, you can enroll in the Silver&Fit® program at no cost.

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On the NDPERS website banner

- Click on Member Login at <https://www.ndpers.nd.gov/member-self-service-mss>
- Select *Log in to Member Self Service (MSS)* on the next screen

North Dakota
login

Sign in

Don't have a North Dakota Login?

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Password



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Sign In

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Log in to your MSS Account

Contact NDPERS



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM



Customer Service

- Call: (701) 328-3900 or
- TF:(800) 803-7377

Online Resources

- Website: ndpers.nd.gov
- [Member Self Service \(MSS\)](#)