

**VERIFICATION OF PREVIOUS PUBLIC EMPLOYMENT**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 19397 (Rev. 09-2021)

19397

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

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

**PART B VERIFICATION REASON**

<input type="checkbox"/> Service Purchase	<input type="checkbox"/> Dual Membership
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**PART C PREVIOUS SERVICE HISTORY (To be completed by previous employer)**

The above named individual wishes to establish service credit in the North Dakota Public Employees Retirement System. North Dakota permits the purchase of service credit earned as a permanent employee of a governmental unit located in or out of North Dakota or a permanent employee of the federal government. However, any such years of in or out-of-state or federal employment are not eligible for credit in North Dakota if the years claimed also qualify for retirement benefits from an in or out-of-state or federal retirement system. Please complete the statements below to verify the member's dates of permanent employment and indicate the member's eligibility for retirement benefits from your system.

**Eligible service must meet the following rules**

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|--|--|
| 1) Employed by participating employer. | 3) Position is permanent.  |
| 2) Attained age 18.                    | 4) Worked at least 20 hours per week for at least 20 weeks per year. |

Employer	Period of Service with Previous Employer	Beginning Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
		Beginning Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
Employer	Period of Absence from payroll of Previous Employer during above service	Beginning Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
		Beginning Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)

**PART D MEMBER'S RETIREMENT COVERAGE**

Does member have service credit with your retirement plan?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the member receiving or entitled to receive a benefit from your system based on this service?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does this member have credit in your system for service creditable in another retirement system?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate the system(s) and year(s) below.
System	Years
System	Years

**PART E PARTICIPANT AUTHORIZATION**

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 the following employer.	
Signature of Participant (Electronic Signature will not be accepted)	Date

**PART F PREVIOUS PUBLIC EMPLOYER AUTHORIZATION**

The above named individual has filed claim for credit for public service as indicated in the information given above. Please verify this claim, after correcting any errors, by completing the certification below.	
I certify that to the best of my knowledge and belief the statements made by the above employee are full, true, and correct, and reflect the date as contained in our records.	
Signature of Previous Employer (Authorized Agent) (Electronic Signature will not be accepted)	Date

**PART A: MEMBER INFORMATION**

**TO BE COMPLETED BY THE EMPLOYEE**

Enter all employee information as requested.

**PART B: VERIFICATION REASON**

Indicate the reason for the verification of previous public employment

**PART C: PREVIOUS SERVICE HISTORY**

**TO BE COMPLETED BY THE PREVIOUS PUBLIC EMPLOYER**

Enter name and address of the previous employer with whom service is claimed.

Enter beginning and ending employment dates of eligible service with previous employer.

Enter dates of leave of absences that were taken during the previous service.

**PART D: MEMBER RETIREMENT COVERAGE**

**TO BE COMPLETED BY THE PREVIOUS PUBLIC EMPLOYER**

Answer questions with a 'yes' or 'no' answer.

**PART E: MEMBER AUTHORIZATION**

The previous member must sign and date this section to certify all information provided in Parts A, B and C.

**PART F: PREVIOUS PUBLIC EMPLOYER AUTHORIZATION**

The previous authorized agent or employer must sign and date this section to certify all information provided in Parts A, B, C, and D.

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