



NDPERS REQUEST FOR BENEFIT INFORMATION
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53603 (Rev. 01-2019)

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920

COMPLETE AND SEND TO NDPERS TO RECEIVE A BENEFIT ESTIMATE

PART A PARTICIPANT IDENTIFICATION

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

PART B RETIREMENT PROJECTION (PLEASE LIMIT TO 2 PROJECTIONS)

<input type="checkbox"/> Age 55	<input type="checkbox"/> Age 62	<input type="checkbox"/> Age 65	<input type="checkbox"/> Earliest Rule of 85/90/80
<input type="checkbox"/> Other –Specify Date: _____		<input type="checkbox"/> Disability Benefits	

PART C SICK LEAVE CONVERSION (PURCHASE)

(LEAVE BLANK IF CONVERSION IS NOT DESIRED)
Number of hours of accumulated unused sick leave _____