



NDPERS REQUEST FOR BENEFIT INFORMATION
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53603 (Rev. 07-2021)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
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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 _____