



PURCHASE AGREEMENT FOR USERRA COVERED MILITARY ACTIVE DUTY

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 17758 (Rev. 09-2021)

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
Organization Name	NDPERS Organization ID
Previous Employer <i>(Complete only if eligible service being applied for is not through your current employer)</i>	NDPERS Organization ID

PART B NOTICE TO EMPLOYEE

Review and Initial Each Box

- I am an employee of a participating governmental unit and elect to obtain service credit for eligible active military duty service credit covered under USERRA for which I am not currently receiving credit.
- I understand that NDPERS will require service and salary verification from my employer and I hereby authorize my employer to release such information to NDPERS.
- I understand that NDPERS will compute the purchase amount by using the applicable contribution rate multiplied by the monthly gross salary that I would have earned had I not been called into active duty, multiplied by the number of months of eligible service credit I wish to obtain. If salaries can not be obtained, I understand my average rate of compensation during the 12-month period immediately preceding such period will be used.
- I understand that I will have three (3) times the number of months of active duty or five (5) years from the date of my return from active duty, whichever is less, to apply for and/or complete the purchase in order to receive the credit. If I choose not to apply for and/or purchase during this time, I will not be able to obtain the credit under USERRA in the future. If I choose not to purchase during this time, upon proper verification, my eligible active military duty will only be recognized towards vesting and meeting my retirement plan's combined service and age rule.
- I understand that the employee contribution will be required to be paid in the same manner as would have been paid had I not been called into active duty.
- I understand that upon election to obtain eligible service credit, if I am required to pay any of the employee contribution, I have the option to pay the purchase amount in a lump sum or submit installment payments on a monthly, quarterly, semi-annual, or annual basis. The installment schedule can not exceed my applicable payment period under the above item and a minimum payment equivalent, but not less than \$50.00 per month, is required. The initial installment method selected must continue until the payment is paid in full. No penalty will be assessed for early payoff. Payments overdue 60 days will result in a delinquent account status and must be remitted within 30 days.
- I understand that my account will not be credited with the additional months of service until payment is received in full from the employee and/or employer.
- I understand that I do not have access to these funds for any reason while I am employed by a participating employer; and that if I terminate my employment or retire, these monies will be included in the cash balance of my account.
- I understand that prior to the first payment being made; I must supply NDPERS with a legible photocopy of my DD214 or NGB22 discharge form from the military.
- I understand the statements listed above and that at this time; it is my intent to obtain such eligible service credit.

Signature of Employee (Electronic Signature will not be accepted)

Date

PART C EMPLOYER VERIFICATION

Period of Eligible Service Being Verified with Employer					
Beginning Date of Active Duty	Ending Date of Active Duty	Beginning Date of Active Duty	Ending Date of Active Duty		
Breakdown of monthly salary for eligible months of active duty					
Month/Year	Gross Salary	Month/Year	Gross Salary	Month/Year	Gross Salary
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
Had the employee not been activated, would the employer have paid any or all of the required employee contribution on behalf of the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percent of the employee contribution would have been paid by the employer? Does this apply to the entire time period that the individual was on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate the specifics regarding when the payment option was changed by the employer. I certify that to the best of my knowledge and belief, the statements made above are full, true, and correct, and reflect the dates and salary information contained in our records. I understand that the employer will be responsible to submit retirement contributions to NDPERS for this service in the same manner they would have been paid had the employee not been activated.					
Signature of Employer (Authorized Agent) (Electronic Signature will not be accepted)				Date	

INSTRUCTIONS

PART A: MEMBER INFORMATION

To be completed by the employee or employer

1-3. Enter all employee information as requested.

PART B: NOTICE TO EMPLOYEE

To be completed by the employee

1-2 Employee must review and initial each box and provide signature and date.

PART C: EMPLOYER VERIFICATION

To be completed by employer

1. Employer must indicate dates employee was on an approved leave of absence due to active military service.
2. Employer must indicate the salary that would have accrued for each month the employee was on the approved leave of absence.
3. The employer must provide detail regarding the payment plan or employee contributions for the time period.
4. The authorized agent must provide signature and date.