



APPLICATION FOR DEPENDENT DISABILITY

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58856 (Rev. 09-2024)

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

(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A SUBSCRIBER IDENTIFICATION

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

PART B SUBSCRIBER STATEMENT

- Does dependent reside at the home of the subscriber?
☐ Yes ☐ No
 If not, why? (i.e. divorce decree, group home, residential facility)
- Is the dependent claimed on the subscriber's federal tax income return?
☐ Yes ☐ No
- Is the dependent unmarried?
☐ Yes ☐ No
- Is the dependent capable of ANY employment?
☐ Yes ☐ No
 If yes, is the dependent employed?
☐ Yes ☐ No

Employment Location	Job Description	
Number of Hours	Method of Transportation (Drives, public transportation, special van)	
- Does dependent have a diagnosis of an intellectual disability?
☐ Yes ☐ No
- Does dependent have a diagnosis of physical disability?
☐ Yes ☐ No
- Does dependent have a diagnosis of any seizure disorder?
☐ Yes ☐ No

If yes, last seizure date	Medication, dose and frequency	Daily number of seizures
---------------------------	--------------------------------	--------------------------
- Does dependent attend school?
☐ Yes ☐ No

Name of school	Grade level	Mainstream experience
----------------	-------------	-----------------------
- Is dependent blind and/or deaf?
☐ Yes-Blind ☐ Yes-Deaf ☐ No
 If yes, does/did the dependent attend special education for the disability?
☐ Yes ☐ No

(CONTINUED)

APPLICATION FOR DEPENDENT DISABILITY

SFN 58856 (Rev. 092024) Page 2 of 2

10. Was the dependent born with the disability?

☐ Yes ☐ No

11. Was the disability acquired?

☐ Yes ☐ No

Where?	When?	How?
--------	-------	------

12. What is the dependent's level of activity for Activities of Daily Living (ADL's)?

- ☐ Needs complete assistance in feeding, dressing, etc.
- ☐ Needs partial assistance in feeding, dressing, etc.
- ☐ Needs mental cueing to do activity.
- ☐ Needs assistance for mobility, does most ADL's independently (ie. needs assist to wheelchair, car, bed).

13. What is the expected date of improvement in condition or recovery?

- ☐ Disability is considered permanent.
- ☐ Disability is of a nature that dependent status MIGHT change after sufficient education, and training.
- ☐ Disability is of a nature that dependent status WILL change after sufficient education, and training.

PART C SUBSCRIBER AUTHORIZATION

I have read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.

Subscriber Signature (Electronic Signature will <u>not</u> be accepted)	Date
---	------

Return this form, with a completed "Physician's Form for Dependent Disability SFN 58798", to the address listed at the top of this form.