



ELIGIBILITY ASSESSMENT QUESTIONNAIRE
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58781 (Rev. 1-2022)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
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PART A EMPLOYER INFORMATION

Organizational Name		Organizational ID (NDPERS Use Only)	
Contact Name		Daytime Telephone Number	
E-Mail Address			
Mailing Address	City	State	ZIP Code

PART B PLAN TYPE

<input type="checkbox"/> Defined Benefit Retirement Plan	<input type="checkbox"/> Public Safety Retirement Plan
<input type="checkbox"/> Deferred Compensation Plan	<input type="checkbox"/> Group Health Insurance
<input type="checkbox"/> Group Life Insurance	<input type="checkbox"/> FlexComp Plan (only available to District Health Units)

PART C ELIGIBILITY ASSESSMENT QUESTIONNAIRE

NDPERS cannot provide suggested language for drafting your responses. Please contact your business or legal counsel for assistance.

1. Is the agency created by North Dakota statute or organized pursuant to a North Dakota Statute? If so, please provide citation.
2. What is the purpose of the agency?
3. What is the agency's funding source?
4. Is the agency a non-profit corporation or a for-profit corporation? If a for-profit corporation, please include a copy of the articles of incorporation.

Upon completion, submit this form to NDPERS. You will be notified whether or not your agency is eligible to participate in NDPERS. If eligible, NDPERS will provide you with the participation and enrollment information and instructions.