

Defined Benefit Retirement Forms Packet



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Mailing Address	
Preferred Email Address	Preferred Phone Number

Retirement Forms – Required for Benefit Payment

- Application for Monthly Retirement Benefits for Defined Benefit [SFN-2562]
- Legible Photocopies of Birth Certificate, Spouse's Birth Certificate and Marriage Certificate
- Authorization for Direct Deposit for Annuity Payments [SFN-18379]
- Designation of Beneficiary for the Group Retirement [SFN-2560]
- Withholding Certificate for Periodic Pension or Annuity Payments [W-4P]
- Withholding Allowance Election for Pension Payments [SFN-51506]

- **Retirement Forms – Optional** Application for the Partial Lump Sum Option – Defined Benefit [SFN-54373] *(If at Normal Retirement Age)*
- Application for the Graduated Benefit Option – Defined Benefit [SFN-59596] *(If at Normal Retirement Age)*
- Conversion of Unused Sick Leave Application– Defined Benefit [SFN-58358] *Must be submitted prior to the last day of the month in which you terminate employment. (complete only if buying unused sick leave for retirement service credit)*

Insurance Forms – Required

Health - Continuation of Coverage

- Continuation of Group Insurance Coverage (COBRA) [SFN-14120] *(Complete only for family members electing individual coverage if currently covered on NDPERS Dakota Plan or HDHP plan)*
- Retiree Continuation of Group Health Insurance Coverage (COBRA) [SFN-53799] *(Complete if currently covered on NDPERS Dakota Plan or HDHP Plan)*

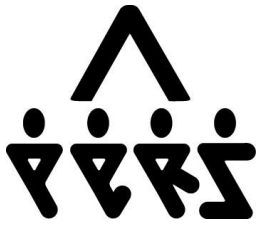
Health - Medicare Coverage

- Retiree Health Insurance Application with Medicare [SFN-59562] *(If either you or a dependent is over age 65)*
- Medicare Prescription Drug Plan (PDP) Individual Enrollment Form [SFN-58860] *(One required for each member that will be on the Dakota Retiree Plan and cannot be signed or submitted more than 90 days prior to the requested effective date of coverage)*

Life - Vision - Dental - Long Term Care - Flexible Medical Spending

- Retiree Life Insurance Application [SFN-53622] *(If currently enrolled, complete to continue coverage)*
- Retiree Vision\Dental Insurance Enrollment, Change, or Cancel [SFN-53504] *(Complete if continuing, enrolling, or canceling coverage)*
- Continuation of Coverage in Medical Spending Account (COBRA) [SFN-53512] *(Complete if continuing coverage for the rest of the plan year)*
- 457 Deferred Compensation Plan Enrollment/Change [SFN-3803]

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APPLICATION FOR DEFINED BENEFIT PLAN MONTHLY PAYMENTS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 2562 (Rev. 12-2021)

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

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

PART A PARTICIPANT IDENTIFICATION

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

PART B APPLICATION FOR RETIREMENT BENEFITS

Last Date of Employment (mm / dd / yyyy): _____ / _____ / _____ *

Last Paycheck Date for Hours Worked (mm / dd / yyyy): _____ / _____ / _____ *

* NDPERS will use these dates to determine your earliest eligible retirement date.

NDPERS Retirement Effective Date (mm /1/ yyyy): _____ / 1 / _____

(If you provide an ineligible date, NDPERS will use an effective date based upon your earliest eligibility.)

SECTION 1 Main System & Public Safety Retirement Only

<input type="checkbox"/> Main System Early Retirement (Age 55-64)	<input type="checkbox"/> Single Life
<input type="checkbox"/> Main System Normal Retirement (Rule OR Age 65+)	<input type="checkbox"/> 50% Joint Survivor/Life
<input type="checkbox"/> Public Safety Early Retirement (Age 50-55)	<input type="checkbox"/> 100% Joint Survivor/Life
<input type="checkbox"/> Public Safety Normal Retirement (Rule of 85 OR Age 55+)	<input type="checkbox"/> 10 Year Term Certain/Life
	<input type="checkbox"/> 20 Year Term Certain/Life

SECTION 2 Highway Patrol & Judges Retirement Only

<input type="checkbox"/> Highway Patrol Early Retirement (Age 50-55)	<input type="checkbox"/> Normal Retirement with 50% Joint Survivor/Life
<input type="checkbox"/> Highway Normal Retirement (Rule of 80 OR Age 55+)	<input type="checkbox"/> 100% Joint Survivor/Life
<input type="checkbox"/> Judges Early Retirement (Age 55-64)	<input type="checkbox"/> 10 Year Term Certain/Life
<input type="checkbox"/> Judges Normal Retirement (Rule of 85 OR Age 65+)	<input type="checkbox"/> 20 Year Term Certain/Life

PART C RETIREE HEALTH INSURANCE CREDIT (RHIC) - Required ALL Plans (except Main 2020)
Late applicants do not receive retroactive RHIC benefits

You must select one of the following:

I elect the Standard RHIC option (*Default for Single member or Married member electing Joint Survivor Retirement above*)

If Married and electing Single Life, 10 or 20 Year Term Certain above, I elect the following actuarially reduced RHIC option: 50% Joint Survivor Life 100% Joint Survivor Life

PART D SICK LEAVE CONVERSION (Excluding Judges)

Do you wish to purchase all or part of your unused sick leave into retirement service credit? If Yes, the Conversion of Unused Sick Leave Application (SFN 58358) must be received prior to the last day of the month in which you either terminate or are no longer accruing sick leave.

No Yes

PART E AUTHORIZATION

I elect to receive the NDPERS retirement benefits as indicated above. I understand I must submit a photocopy of my birth certificate. (If married, I must also submit a photocopy of spouse's birth certificate & marriage certificate.) This Application must be date stamped at NDPERS within 6 months of my retirement date and must be on file at least 30 days prior to the first retirement payment being issued. **Late applications will delay retirement effective date.**

Member's Signature (Electronic Signatures will <u>not</u> be accepted)	Date
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Please refer to the “Group Retirement Plan” information sheet.

Part A Participant Identification

For member identification, please provide all requested information.

Part B Application for Retirement Benefits

Enter your last date of employment, last paycheck date, and the month and year you want your retirement benefits to begin. Your NDPERS retirement effective date will be the first of the month following your last date of service or last date of pay, whichever is later. Your actual payment is the month following your effective date.

Section 1: Complete if you participate in the Main System or Public Safety/Law Enforcement retirement plan.

- (left side) Indicate if you are an early retiree or a retiree meeting your normal retirement.
- (right side) Check your retirement payment option.

Section 2: Complete if you participate in the Highway Patrol or Judges Retirement plan.

- (left side) Indicate if you are an early retiree or a retiree meeting your normal retirement.
- (right side) Check your retirement payment option.

Once you elect your payment option and start drawing a pension, the election becomes irrevocable. The only exception is if your spouse passes away and you are drawing benefits under a Joint & Survivor/Life payment option.

Part C: Application for Retiree Health Insurance Credit (RHIC)

This is required to be completed for all plans with the exception of those enrolled in the Main 2020 plan.

Check your retiree health insurance credit option. You must make an election even though you may not be currently participating in the NDPERS group health insurance plan. If you are drawing a pension and are enrolled in any of the NDPERS retiree insurances (Dakota Plan, Dakota Retiree Plan, Dental and/or Vision) this retiree health insurance credit will be automatically be reimbursed for NDPERS premium(s).

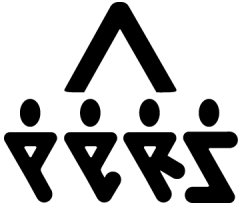
Part D: Sick Leave Conversion

This section is to be completed ONLY if you participate in the Main System, Public Safety/Law Enforcement, and Highway Patrol retirement plan. Members of the Judges Retirement plan are not eligible to purchase unused sick leave.

Part E: Authorization

You must provide a legible photocopy of your birth certificate and if married, your spouse’s birth certificate and marriage certificate.

YOU MUST SIGN AND DATE PART E TO VALIDATE THIS FORM



AUTHORIZATION FOR DIRECT DEPOSIT FOR ANNUITY PAYMENTS
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 18379 (Rev. 03-2024)

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

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

PART A PARTICIPANT IDENTIFICATION & AUTHORIZATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Home Email Address	Home Phone Number
Type of Account: <input type="checkbox"/> Member <input type="checkbox"/> Surviving Spouse or Beneficiary <input type="checkbox"/> Alternate Payee	

PART B PLAN

Apply to ALL DEFINED BENEFIT PLANS (default)

Mark plan below only if designation should be applied to a specific plan:

Main / Main 2020 Public Safety with Prior State Public Safety Job Service BCI
 Judges Public Safety without Prior Highway Patrol National Guard

PART C FINANCIAL INSTITUTION INFORMATION

I authorize the following amount to be deposited to the Financial Institution indicated.

Amount of Benefit to be Deposited: 100% (default) _____ % \$ _____
 remaining % \$ remaining amount
 (Two forms must be submitted for % or \$ of account.)

Attach a Voided Check or Complete section below. Deposit slips will not be accepted.

Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible. NDPERS is not responsible for delayed payments.

Financial Institution Name	Financial Institution Routing Number (9-digits)
Telephone Number	
Type of Account & Account Number (Select One) <input type="checkbox"/> Checking Account Number <input type="checkbox"/> Savings Account Number	
Checking Account Number	Savings Account Number

PART D AUTHORIZATION & SIGNATURE

I authorize the North Dakota Public Employees Retirement System (NDPERS), third party administrators (TPAs), and the financial institution named on this form to initiate electronic fund transfer (EFT) of my retirement benefit(s) into my account as indicated below. I consent to the financial institution sharing my customer information with NDPERS and TPAs for the purpose of completing the EFT arrangement.

I authorize NDPERS and/or TPA to initiate, a reversal or debit entry for all or any portion of any credit entry made in error to my designated account, including but not limited to amounts transferred after my death. If the funds remaining in the designated account are insufficient to fully reimburse NDPERS or TPA for any credit entry made in error subsequent to my death, I authorize my financial institution to release to NDPERS or TPA any information in its possession regarding the manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error. I authorize my financial institution to notify NDPERS or TPA of my death.

This authorization will remain in effect until I notify NDPERS or TPA in writing to cancel it in such time as to afford NDPERS or TPA a reasonable opportunity to act on it.

I understand this form is due back in the NDPERS Office by the 15th of the month prior to the month I want to begin my direct deposit. I agree to the terms listed on this authorization.

Signature of Annuitant/Payee (Electronic Signatures will <u>not</u> be accepted)	Date
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INSTRUCTIONS AND CONDITIONS

IMPORTANT NOTICE - This form is to be used only for North Dakota Public Employees Retirement System (NDPERS) Benefit Payments.

You must complete this form to authorize NDPERS and the third-party administrator (TPA) to send your retirement benefit payment(s) to your financial organization for deposit into your savings or checking account. NDPERS will forward your retirement payments and the TPA will reimburse your retiree health insurance credit (RHIC) payments to the institution you authorize. The financial organization may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

THIS FORM DOES NOT AUTHORIZE INSURANCE PREMIUM WITHDRAWALS FROM YOUR ACCOUNT.

PART A PARTICIPANT IDENTIFICATION

- For member identification, please provide all requested information.
- Check the type of retirement account in which payment is being authorized.

PART B PLAN

Indicate the plan you are requesting to update your banking information. If you have multiple plans under NDPERS, you can mark "All Plans", if applicable. Otherwise, you must submit an application for each plan individually. If you do not specifically mark a plan, NDPERS will update all of your accounts in which you are receiving benefit payments.

PART C FINANCIAL INSTITUTION SECTION

- Check if you want 100% or only a portion of your benefit to be direct deposited
- Attach a Voided check or complete your financial institution information for your funds to be deposited.
 - Enter the name and routing number
 - Check the type of retirement account (checking or savings) and associated account number (You may attach a voided check if you would like to deposit your funds in a checking account.)

Immediate credit will be given the first working day of each month to your correspondent bank account through the Bank of North Dakota.

CANCELLATION INSTRUCTIONS

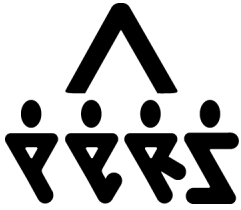
When entered into your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until cancelled by written notice by you to the North Dakota Public Employees Retirement System. Your financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is cancelled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

PART D AUTHORIZATION & SIGNATURE

- Sign and date the form by the 15th of the month prior to the month in which you want direct deposit to begin.

YOU MUST SIGN AND DATE PART C TO VALIDATE THIS FORM



DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 2560 (Rev. 08-2024)

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

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

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

PART A MEMBER INFORMATION

Name (Last, First, Middle)		NDPERS Member ID	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	Date of Birth (mm/dd/yyyy)	Last Four Digits of SSN
Spouse Name (Last, First, Middle)		Spouse Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PART B PLAN

<input type="checkbox"/> ALL DEFINED BENEFIT PLANS (<i>Update beneficiaries for all plans</i>) Mark plan below <u>only</u> if beneficiary designation should be applied to a specific plan:			<input type="checkbox"/> 401(a) DEFINED CONTRIBUTION PLAN* <i>*Please Note: You must update beneficiaries for the 457 Deferred Compensation Plan directly with your selected provider company.</i>
<input type="checkbox"/> Main / Main 2020	<input type="checkbox"/> Public Safety with Prior	<input type="checkbox"/> Job Service	
<input type="checkbox"/> Judges	<input type="checkbox"/> Public Safety without Prior	<input type="checkbox"/> National Guard	
<input type="checkbox"/> Highway Patrol	<input type="checkbox"/> State Public Safety	<input type="checkbox"/> BCI	

PART C BENEFICIARY DESIGNATION

The percentage distribution upon your death for all primary beneficiaries **must equal 100%**; likewise, for contingent beneficiaries. If shares do not equal 100%, I grant NDPERS the authority to amend each of my beneficiaries (up to +/- 1%) to pay 100% of my total account balance with up to a 1% difference being credited to the eldest. If beneficiaries are listed but no shares designated, I grant NDPERS the authority to divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest.

PRIMARY BENEFICIARY(IES) – Must equal 100%

Name	Relationship	DOB	SSN#	%	Address and Phone Number

SECONDARY BENEFICIARY(IES) – Must equal 100%

Name	Relationship	DOB	SSN#	%	Address and Phone Number

PART D SPOUSE AUTHORIZATION (if applicable)

Only if you name a primary beneficiary other than or in addition to your spouse, your spouse must sign below.

If a vested member is married, North Dakota law requires the spouse's consent before benefits can be paid other than to the member's spouse. (NDCC 30.1-05-02). If spouse's consent is given, please be advised, that if your primary beneficiary election is someone in addition to or in lieu of your spouse, there is no monthly pre-retirement death benefit provision.

I consent to the above retirement beneficiary(ies) designated by the above named NDPERS member.

Spouse's Waiver of Benefits (Electronic Signature will <u>not</u> be accepted)	Date
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PART E MEMBER AUTHORIZATION

I understand that this election revokes any previous retirement account beneficiary designations. I understand that, if married, upon divorce this designation is valid until signed divorce decree is received and a new beneficiary designation is submitted. I have read and understand the terms and conditions of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Member's Signature (Electronic Signature will <u>not</u> be accepted)	Date
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PROVISIONS FOR ALL BENEFITS

1. This "Designation of Beneficiary" is for the group Retirement Plan only. To designate beneficiary (ies) for the group Life Insurance Plan, please complete a "Life Designation of Beneficiary SFN 53855".
2. **EFFECTIVE WHEN FILED:** This designation will be effective when properly executed and received in the NDPERS office.
3. **SUBJECT TO LAWS AND REGULATIONS:** This designation is subject to the governing statutes and to rules and regulations established by the Retirement Board of the North Dakota Public Employees Retirement System. The acceptance of the designation by NDPERS does not establish that a survivor benefit will be payable. Whether or not a benefit is payable, and the amount thereof will be determined at the time of death under laws and regulations then applicable.
4. **WHO IS ELIGIBLE TO BE A BENEFICIARY:** Any person, whether or not a relative, or a church or charity may be designated as a primary or contingent beneficiary. A member may also designate his or her estate as beneficiary and the benefits will be distributed according to his or her testamentary will or according to the state laws for interstate distribution. A creditor of a member (such as a bank, credit union, loan company, etc.) may not be named a beneficiary as a means of providing security for a debt. (N.D.C.C. 28-22-19)
5. **DESIGNATED BENEFICIARIES:** The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for contingent beneficiaries.

Primary. Your primary beneficiary is the individual or individuals, trust, charity, or other party you designate to receive your assets after your death. If a primary beneficiary(ies) is deceased at the time of your death, his or her portion of your assets will be divided proportionately among your surviving primary beneficiary(ies), if any.

Secondary. Your secondary beneficiary or beneficiaries will inherit your assets only if you have no surviving primary beneficiaries at the time of your death.

- **If shares do not equal 100%,** I grant NDPERS the authority to amend each of my beneficiary designations (up to +/- 1%) to pay 100% of my total account balance with up to a 1% difference being credited to the eldest.
- **If beneficiaries are listed but no shares designated,** I grant NDPERS the authority to divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest.
- **If no valid beneficiary form is on file,** NDPERS will issue payment to the member's estate.

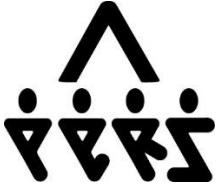
Since this distribution may not reflect the member's preference, we recommend the member be sure to designate the percent share for each listed beneficiary and to ensure 100% of the total account balance is accounted for with the share designation.

6. A **certified** copy of the death certificate must be sent to NDPERS to process a claim.

PROVISIONS FOR RETIREMENT BENEFITS ONLY

1. **DEATH OF ACTIVELY EMPLOYED MEMBER:**
 - A. If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to whoever is the listed beneficiary(ies).
 - B. If a member dies after completing three years of service, his/her retirement account will be distributed pursuant to N.D.C.C. 54-52-17(6) and N.D.C.C. 39-03.1-11(6).
2. **DEATH OF RETIREE:** Benefits will be paid to the named beneficiary based upon the option selected by the member at retirement. If there are no surviving beneficiaries, any remaining cash value will be paid to your estate.
3. **DEATH OF SURVIVING SPOUSE (in accordance with North Dakota law):** A lump sum payment of any remaining cash value will be paid to the spouse's named beneficiary. If there are no surviving beneficiaries, any remaining cash will be paid to the spouse's estate.

NOTE: Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established.



WITHHOLDING ALLOWANCE ELECTION FOR PENSION PAYMENTS
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 51506 (Rev. 03-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
 (701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A PARTICIPANT IDENTIFICATION

Name (Last, First Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Home Email Address	Home Phone Number
Type of Account: <input type="checkbox"/> Member <input type="checkbox"/> Surviving Spouse or Beneficiary <input type="checkbox"/> Alternate Payee	

PART B INSTRUCTIONS & EFFECTIVE DATE

Apply to ALL DEFINED BENEFIT PLANS (default) One W-4P will be submitted.
 Mark plan below if designation should be applied only to an individual plan (W-4P must also be submitted for each plan):

Main / Main 2020 Public Safety with Prior State Public Safety Job Service BCI
 Judges Public Safety without Prior Highway Patrol National Guard

Effective Date

If no date or an ineligible date is entered, NDPERS will use an effective date based upon your earliest eligibility.

PART C FEDERAL WITHHOLDING ALLOWANCE

You must complete Form W-4P and submit to NDPERS. Tax Withholding is calculated for each account separately. Personal tax questions should be directed to your tax advisor, accountant, or the Internal Revenue Service Center.

- No Federal income tax withheld. You must write "*No Withholding*" in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5 on the W-4P.

If you do not complete Form W-4P, NDPERS is required to withhold federal income tax as if your filing status is "Single" with no adjustments in Steps 2 through 4 on the Form W-4P. Your current withholding election (or your default rate) remains in effect unless you submit a revised Form W-4P.

Please Note: If you receive 8 months or more of monthly back payments, federal income tax in the amount of 20% and ND state income tax in the amount of 3.92% will be automatically withheld. You may elect no ND tax by marking here:

No – DO NOT Withhold ND State Income Tax for the back payments only

PART D NORTH DAKOTA STATE INCOME TAX WITHHOLDING

If you are not a North Dakota resident, the benefits are taxable in the state in which you live.

No North Dakota monthly income tax withheld.

Amount per month \$ _____ I elect to have ND income tax withheld from my payment.
 (percentage cannot be listed)

PART E MEMBER AUTHORIZATION

I understand that if my tax withholdings are not sufficient I may be subject to penalties.

I understand this form is due back to NDPERS by the 15th of the month prior to the month in which my income tax withholding election is effective.

Member's Signature (Electronic Signature will <u>not</u> be accepted)	Date
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Your benefits from NDPERS are subject to federal and North Dakota State income tax withholding. Use this form and IRS Form W-4P to inform NDPERS of your income tax withholding elections. You are responsible for reviewing and adjusting, if necessary, the amount withheld for federal and state taxes each calendar year.

Once you make an election, it will remain in effect until you change or revoke it. You must file a new form to change the amount being withheld from your pension benefit.

If you choose not to have tax withheld or do not have enough tax withheld, you may have to make estimated tax payments to the Internal Revenue Service (IRS). You may be subject to penalties if your payments of estimated tax and/or withholding are not sufficient.

If you do not complete Form W-4P, NDPERS is required to withhold federal income tax as if your filing status is “Single” with no adjustments in Steps 2 through 4. For payments that began before January 1, 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P. NDPERS is not required to withhold North Dakota state income tax.

Federal Income Tax Withholding

You must complete Form W-4P to withhold federal income tax. Federal income tax withholding applies to the taxable part of your benefit payment. By completing Form W-4P, you can also elect to have no income tax withheld or an additional amount withheld.

North Dakota Income Tax Withholding

For North Dakota residents, your NDPERS pension benefit is subject to state income taxes. If you are not a North Dakota resident, the benefits are taxable in the state in which you live.

1. You can elect not to have income tax withheld.
2. You can elect to have a fixed dollar amount of North Dakota State income tax withheld.

Personal income tax questions should be directed to your tax advisor, accountant, or the Internal Revenue Service Center.

Withholding Certificate for Periodic Pension or Annuity Payments

2025

Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**
Do **only one** of the following.

Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 . . . \$ _____ Multiply the number of other dependents by \$500 . . . \$ _____ Add other credits, such as foreign tax credit and education tax credits . . . \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . \$ _____	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions (continued)

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

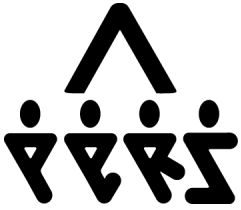
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



APPLICATION FOR THE PARTIAL LUMP SUM OPTION – DEFINED BENEFIT

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 54373 (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

NOTE: This form is not an application for a lump sum refund/rollover of your retirement account balance; complete an Application for Refund or Direct Rollover SFN 53879.

PART A MEMBER INFORMATION

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

PART B NOTICE TO MEMBER

The Partial Lump Sum Option (PLSO) is NOT available to early and disabled retirees, or surviving spouses. The PLSO allows you to take a partial lump sum distribution equal to 12 monthly payments determined under the Single Life/Normal benefit option. (No variations will be accepted). If this option is elected, your monthly benefit will be actuarially reduced. You will still be permitted to choose one of the optional forms of payment for your ongoing monthly benefit with exception of the Graduated and Deferred Normal Retirement Options. In addition, the PLSO payment, as well as your ongoing monthly benefits, will be subtracted from your individual minimum guarantee.

This option is a once in a life time election and made at the time of your initial retirement. You may not make an election after receiving your first retirement check nor apply for a second PLSO upon subsequent reemployment and retirement. Please read the **“Special Tax Notice Regarding Plan Payments”** before continuing. Under Federal law, NDPERS is required to provide this information a minimum of 30 days prior to a distribution. This may affect the date of your PLSO payment.

PART C APPLICATION FOR PARTIAL LUMP SUM PAYMENT (PAID TO MEMBER)

1. <input type="checkbox"/> Check this box if you wish to elect a lump sum payment payable to you minus 20% for Federal income tax.
2. Please indicate if you want NDPERS to withhold North Dakota State income tax. If you DO NOT indicate your preference, ND State income tax will be automatically withheld. After a lump sum payment is issued, any adjustments to Federal or State income tax paid is the responsibility of the taxpayer.
Check One <input type="checkbox"/> Yes- Withhold North Dakota State Income Tax
<input type="checkbox"/> No – DO NOT Withhold North Dakota State Income Tax

PART D APPLICATION FOR PARTIAL LUMP SUM PAYMENT (DIRECT ROLLOVER)

<input type="checkbox"/> Check this box if you wish to have a direct rollover of your PLSO. Please have a letter of acceptance forwarded to NDPERS from the financial institution. If any portion of your PLSO includes non-taxable income, then the letter of acceptance is required before your request will be processed.			
Make Check Payable To (Rollover Institution)			
Member’s Account Number with Receiving Institution (If Available)			
Mailing Address of Rollover Institution	City	State	ZIP Code
Portion to be rolled over: (If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated rollover institution and mail any non-taxable income directly to you).			
<input type="checkbox"/> All of my taxable income <input type="checkbox"/> All of my taxable & non-taxable income <input type="checkbox"/> ____% of my Account			
<input type="checkbox"/> \$_____ of my Account			
My NDPERS benefits are being rolled into (Choose one. Required)			
<input type="checkbox"/> Employer Sponsored Plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA			

PART E AUTHORIZATION

I have reviewed and understand the above provisions, and hereby elect the Partial Lump Sum Option. I understand my election is irrevocable and that the Partial Lump Sum option is a once in a life-time election.

Signature of Member (Electronic Signature will not be accepted)	Date
-----------------------------------------------------------------	------

INSTRUCTIONS

PART A MEMBER INFORMATION

For member identification, please provide all requested information.

PART B NOTICE OF MEMBER

Read this section carefully! This section contains important information that you need to know before making an election.

PART C APPLICATION FOR PARTIAL LUMP SUM PAYMENT (PAID TO MEMBER)

Complete this section to authorize a Partial Lump Sum Payment paid direct to you.

Payments are subject to Federal and ND State income tax. NDPERS is required to withhold Federal income tax; however, you may authorize NDPERS to withhold ND State income tax from your payment. If no preference is indicated, NDPERS will automatically withhold 3.92% of the taxable portion of your payment. After a payment is issued, any adjustments to Federal or State income tax paid will be your responsibility.

PART D APPLICATION FOR PARTIAL LUMP SUM PAYMENT (DIRECT ROLLOVER)

Complete this section to authorize a Partial Lump Sum Payment as a direct rollover.

1. Enter the name of the plan or rollover institution accepting the direct rollover (**i.e. who the check should be made payable to - who will endorse the check**). Please have your plan or rollover institution forward a letter of acceptance of funds to NDPERS. If any portion of your rollover is non-taxable income, this will be required before your rollover is completed.
2. Enter your account number with the plan or rollover institution where your funds will be rolled over.
3. Enter the full mailing address to which the direct rollover payment should be mailed. **DO NOT LIST YOUR PERSONAL MAILING ADDRESS: NDPERS CAN NOT SEND A DIRECT ROLLOVER TO A MEMBER'S HOME.**
4. Indicate how much of the income should be directly rolled over. If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated rollover institution and mail any nontaxable income directly to you.
5. Check if your retirement fund is being rolled over into an employer sponsored plan, traditional IRA, or Roth IRA.

PART E AUTHORIZATION

You must sign and date this section for the form to be valid. Electronic Signature will not be accepted.

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Revised 1/2025

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the North Dakota Public Employee's Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½, unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

What types of retirement accounts may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), after age 73 (if you were born on or after January 1, 1951), age 75 (if you were born on or after January 1, 1960), or after death
- Corrective distributions of contributions that exceed tax law limitations
- Distributions of certain premiums for health and accident insurance

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)

- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you are at least age 50 or have 25 or more years of service under the Plan in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments of up to \$5,000 made to you from a defined contribution plan if the payment is a qualified birth or adoption distribution
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year)
- Payments of up to \$22,000 made to you if the payment is a qualified disaster recovery distribution
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments made to you if you are terminally ill, as determined by applicable federal requirements or guidance

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after separation from service if you will be at least age 55 in the year of the separation (or age 50 or 25 or more years of service under the Plan for qualified public safety employees) does not apply.
- The exception for QDROs does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for payments from an IRA, including: (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

You can elect to rollover after-tax contributions to an IRA or another employer plan that will accept the contributions. If your rollover includes after-tax contributions, NDPERS will require a letter of acceptance from the financial institution that the rollover is to be sent to. **The letter of acceptance must indicate that they will accept the after-tax portion of the rollover.** You may also want to request information from the financial institution regarding how the record-keeping for the funds will be handled once the funds are deposited.

If NDPERS does not receive this letter of acceptance within 6 months from the date your rollover application is received, NDPERS will process the rollover by sending the taxable portion to the financial institution and the after-tax contributions to you at your mailing address.

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

Similarly, if you do a 60-day rollover to an IRA of only a portion of a payment made to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this

case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If your payment is from a governmental section 457(b) plan

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences include that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

If you are an eligible retired public safety officer and your payment is used to pay for health coverage or qualified long-term care insurance

If you retired as a public safety officer and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income Plan payments paid as premiums up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs), and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a Plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution generally will be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the deceased participant was born on or before January 1, 1936.

If you are a surviving spouse

If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949), age 73 (if you were born on or after January 1, 1951), or age 75 (if you were born on or after January 1, 1960).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½ (if the participant was born before July 1, 1949), age 72 (if the participant was born after June 30, 1949), age 73 (if the participant born on or after January 1, 1951), or age 75 (if the participant was born on or after January 1, 1960).

If you are a surviving beneficiary other than a spouse.

If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a QDRO. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a QDRO, you generally have the same options and the same tax treatment the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form

W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to do a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

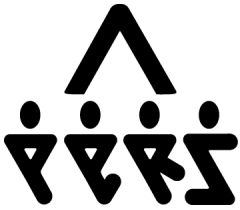
If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in:

IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from to Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.



APPLICATION FOR THE GRADUATED BENEFIT OPTION – DEFINED BENEFIT
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 59596 (Rev. 12-2021)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A PARTICIPANT IDENTIFICATION

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

PART B NOTICE TO MEMBER

The Graduated Benefit Option is NOT available to early and disabled retirees, or surviving spouses. The Graduated Benefit Option allows you to select either a one percent or two percent annual benefit increase. (No variations will be accepted). If this option is elected, your monthly benefit will be actuarially reduced. You will still be permitted to choose one of the optional forms of payment for your ongoing monthly benefit with exception of the Partial Lump Sum option, and Deferred Normal Retirement option.

This option is a once in a life time election and made at the time of your initial retirement. You may not make an election after receiving your initial benefit payment. If you return to work, your Graduated Benefit Option will be applied to your subsequent retirement.

PART C APPLICATION FOR GRADUATED BENEFIT OPTION

1. <input type="checkbox"/>	Check this box if you wish to elect the graduated benefit with an annual one (1) percent benefit increase.
2. <input type="checkbox"/>	Check this box if you wish to elect the graduated benefit with an annual two (2) percent benefit increase.

PART D AUTHORIZATION

I have reviewed and understand the above provisions. I understand that the Graduated Benefit Option is a once in a life-time election and my election is irrevocable.

Signature of Member (Electronic signatures will not be accepted)	Date
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INSTRUCTIONS

PART A PARTICIPANT IDENTIFICATION

For member identification, please provide all requested information.

PART B NOTICE OF MEMBER

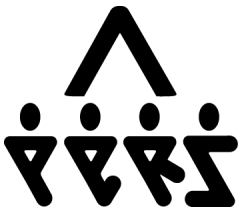
Read this section carefully! This section contains important information that you need to know before making an election.

PART C APPLICATION FOR GRADUATED BENEFIT OPTION

Complete this section to authorize NDPERS to actuarially reduce your monthly benefit payment to provide for an annual one or two percent benefit increase.

PART D AUTHORIZATION

You must sign and date this section for the form to be valid. Electronic signatures will not be accepted.



CONVERSION OF UNUSED SICK LEAVE APPLICATION- DEFINED BENEFIT

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58358 (Rev. 01-2022)

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

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

PART A PARTICIPANT IDENTIFICATION

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

PART B NOTICE TO MEMBER

I understand that I only have the opportunity to convert my unused sick leave upon (1) changing to any position in which I “no longer accrue unused sick leave,” (2) changing to a “non-contributing no longer accruing part-time or temporary employee” in the NDPERS retirement, or (3) “terminating” employment. Payments can be made to NDPERS as an after-tax payment through a personal check or as a pre-tax payment through a direct rollover or trustee-to-trustee transfer of an eligible fund towards the retirement portion of the sick leave conversion. I have had the opportunity to speak to a financial planner and NDPERS regarding this election and to ask any questions. **I understand this election must be made in the same month in which I become eligible and prior to disbursement of any retirement benefits.** My election regarding payment is indicated in Part D or Part E.

PART C HOURS OF UNUSED SICK LEAVE

Projected number of Hours of unused sick leave
Convert eligible unused sick leave hours to Months [formula = hours ÷ 173.3 = months] (rounded up)
Number of months I elect to Purchase and convert to retirement service credit

PART D APPLICATION FOR AFTER TAX PAYMENT THROUGH PERSONAL CHECK

<input type="checkbox"/> I elect to convert my unused sick leave and to pay for it through an after-tax payment. I understand that NDPERS will provide the cost for the sick leave conversion following my termination of employment. <u>I understand that my full payment and completed form must be received by NDPERS by the 15th of the month following my month of termination and prior to my first retirement check date as not to delay the payment of this first benefit.</u>

PART E APPLICATION FOR PRE-TAX PAYMENT THROUGH DIRECT ROLLOVER/TRANSFER

<input type="checkbox"/> I elect to convert my unused sick leave and to pay for the retirement portion of the conversion through a pre-tax payment by direct rollover or transfer from an eligible fund source. I understand that by electing this option, NDPERS will determine the estimated cost 60 days prior to my termination date and will provide this information to me. <u>I understand that all completed forms, rollover/transfer funds, and any personal payment must be received by NDPERS by the 15th of the month following my month of termination.</u> If I elect to use a direct rollover or transfer, I will submit payment for the RHIC portion by personal check. The final cost will be calculated upon my termination. If there is a difference between the sick leave balance or conversion payment amount and the amount that I paid, only the amount of sick leave available as of the date of termination will be added to my member record. The funds for the over-payment cannot be returned due to the pre-tax nature of the funds. My member account balance will be credited with the full amount of funds received from the rollover or transfer. If an underpayment occurred, I will pay the remaining amount by the 15 th of the month following my month of termination date. I authorize my employer to document my expected salaries for the 60 days prior to my termination of employment under section F.

PART F EMPLOYER SALARY VERIFICATION – COMPLETE IF PART E ELECTED BY MEMBER

Indicate Month(s) and Projected Salary		
Month	Year	Indicate Projected Gross Salary
		\$
		\$
		\$

The salaries above are the projected gross salaries that this individual is expected to earn within 60 days of the employment termination date. To the best of my knowledge and belief, the information that I have provided on this form is correct.

Signature of Authorized Agent (Electronic Signature will not be accepted)	Date
---------------------------------------------------------------------------	------

PART G MEMBER ELECTION

To the best of my knowledge and belief, the information that I have provided on this form is correct. **I understand this Application must be received and date stamped at NDPERS on or before the last working day of the month in which I either terminate employment or no longer accrue sick leave. I understand NDCC 54-52-02.9 prohibits temporary employees from purchasing any additional service credit. Late applications will be VOID.**

Member’s Signature (Electronic Signature will <u>not</u> be accepted)	Date
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INSTRUCTIONS

PART A PARTICIPANT IDENTIFICATION

Enter your name, NDPERS member ID, last four digits of social security number, and date of birth.

PART B NOTICE OF MEMBER

Read this section carefully! This section contains important information that you need to know before making an election.

- If you **“terminate”** employment; change employment to a **“non-contributing no longer accruing part-time or temporary employee”**; or change to **any position in which you are “no longer accruing sick leave” without terminating eligible employment, you must submit SFN 58358 Conversion of Unused Sick Leave Application in the same month in which this change occurs.**
- If you change employment and are no longer participating in the NDPERS retirement plan (ex. change to ND University System or TFFR retirement plan) but continue to accrue unused sick leave, you may not purchase your unused sick leave under the NDPERS retirement.
- If you transfer employment from one participating employer to another participating employer (within 31 days) without terminating eligible “contributing” employment, NDPERS will record your unused sick leave upon receipt of application. You must submit the Transfer of Unused Sick Leave Verification SFN 53404 within sixty (60) days of leaving employment with your former employer.

PART C HOURS OF UNUSED SICK LEAVE

Enter number of months you have eligible and number of months you wish to convert.

PART D APPLICATION FOR AFTER TAX PAYMENT THROUGH PERSONAL CHECK

Complete this section to authorize payment for your unused sick leave through a personal check.

PART E APPLICATION FOR PRE-TAX PAYMENT THROUGH DIRECT ROLLOVER/TRANSFER

Complete this section to authorize a payment for your unused sick leave through a direct rollover/transfer from an eligible fund source.

PART F EMPLOYER SALARY VERIFICATION – COMPLETE IF PART E ELECTED BY MEMBER

If Part E is elected by the member, the employer must provide written certification of the projected gross salaries to be reported to NDPERS during the final 60 days of employment.

PART G MEMBER ELECTION

The member must sign and date this section to verify their election.

PART D PAYMENT METHOD

If a payment method is not selected, it will be your responsibility to submit payment by the 1st of each month. NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month will result in loss of COBRA continuation coverage.**

NOTE: Your COBRA continuation coverage will not be in effect until premiums due are paid up to date. Members have 45 days from when NDPERS receives the election to remit COBRA payment to NDPERS.

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

Withhold from bank account. Complete bank information below.

Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.

Financial Institution Name

Financial Institution Routing Number (must be 9 digits)

Telephone Number

Type of Account & Account Number

Checking Account Number

Savings Account Number

Attach a Voided Check Here for Checking Account (Optional).
Deposit slips will not be accepted.

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request with member signature must be submitted. The request must provide the contract holder's name, last four digits of social security number or NDPERS Member ID, and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be made at the end of the month. NDPERS cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

PART E APPLICANT AUTHORIZATION

I have read this application in its entirety, including the back page, and certify the information is accurate and complete. I understand and agree that any false statements or omissions may constitute a fraudulent act or intentional misrepresentation and may void or retroactively cancel any benefit issued based on this application.

Signature of Applicant (Electronic Signatures will not be accepted)

Date

PART A APPLICANT INFORMATION

For applicant identification, please provide all requested information.

PART B EFFECTIVE DATE OF CHANGE

- Indicate the qualifying event date or requested change effective date (actual effective date of coverage will be determined by NDPERS based on plan provisions).

PART C QUALIFYING COBRA EVENT/REASON FOR CHANGE

1. Check the box that describes the event that qualifies you for continuation coverage.
2. Indicate the group insurance plan(s) you are electing for COBRA continuation coverage.
3. Check the level of coverage. If you are not applying for the coverage, check the decline/cancel box.
4. List all covered individuals, including yourself. You may elect COBRA continuation coverage for only those family members that were covered on the plan at the time of the qualifying event.

PART D PAYMENT METHOD

Withhold from bank account: You must complete the banking information.

If a payment option is not selected, you will be required to submit premium by the 1st of each month. You will not receive a billing from NDPERS. Your COBRA continuation coverage will not be effective until the initial premium payment is received for all months due. **Failure to remit your premium by the due date of the 1st of the month will result in loss of insurance coverage.**

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

PART E APPLICANT AUTHORIZATION

Employees terminating employment, or individuals otherwise losing eligibility may continue their NDPERS Group Health Coverage at their own expense subject to the following:

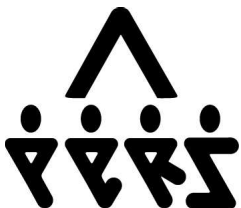
1. You must be a member of the plan at time of loss of eligibility.
2. Your spouse or any other dependent(s) applying for this COBRA continuation coverage must be a member of the plan at the time of loss of eligibility.
3. You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.
4. There must not be a lapse in coverage, i.e. premiums must be paid to ensure continuous coverage.

If you do not choose continuation coverage, your group health insurance coverage will end on the last day of the month for which premiums were paid.

You must sign and date this form for it to be valid. Electronic signatures will not be accepted.

ORIGINAL TO NDPERS – PLEASE RETAIN A COPY FOR YOUR RECORDS

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RETIREE CONTINUATION OF GROUP HEALTH INSURANCE COVERAGE (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53799 (Rev. 06-2024)

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

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

PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Home/Personal Email Address	Home/Cell Phone Number

PART B NDPERS GROUP HEALTH INSURANCE

Employees terminating employment, or otherwise losing eligibility, may continue their NDPERS Group Health Coverage at their own expense for a maximum of 18 months subject to the following:

- 1) You must be a member of the plan at time of loss of eligibility.
- 2) Your spouse or any other dependent(s) applying for this continuation coverage must be a member of the plan at time of loss of eligibility.
- 3) You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.

If you do not choose continuation coverage, your group health coverage will end on the last day of the month for which premiums were paid.

Select the level of health insurance coverage to be continued: <input type="checkbox"/> Self Only <input type="checkbox"/> Family* <input type="checkbox"/> Decline/Cancel

***If electing family coverage, list all eligible covered dependents below. Attach separate sheet if more room is needed.**

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

Name (Last, First, Middle)	Relationship to Member	Gender	Date of Birth	Social Security Number*

Continue to Page 2 for Payment Method and Member Authorization.

PART C PAYMENT METHOD

Your first COBRA payment is due no later than 45 days after NDPERS receives your election and must be for all months owed to date. Subsequent payments are due by the 1st of each month.

NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month will result in cancellation of COBRA continuation coverage.**

Deduct from Pension Check* (only available for retirees of the following plans). Please indicate which retirement plan:
 NDPERS TFFR

Withhold from bank account. Complete the information below and on page 2. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
<input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number

Attach a Voided Check Here for Checking Account (Optional).
Deposit slips will not be accepted.

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request with member signature must be submitted. The request must provide the contract holder's name, last four digits of social security number or NDPERS Member ID, and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. NDPERS cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

PART D MEMBER AUTHORIZATION

I have read this application in its entirety, including the instructions, and certify the information is accurate and complete. I understand and agree that any false statements or omissions may constitute a fraudulent act or intentional misrepresentation and may void or retroactively cancel any benefit issued based on this application.

Signature of Member (Electronic Signature will not be accepted)	Date
-----------------------------------------------------------------	------

Please review Page 3 for Additional Information and Instructions

PART A MEMBER INFORMATION

For member identification, complete all requested information.

PART B NDPERS GROUP HEALTH INSURANCE

If continuing coverage, indicate the level of coverage. If declining or cancelling, mark "Decline/Cancel".

PART C PAYMENT METHOD

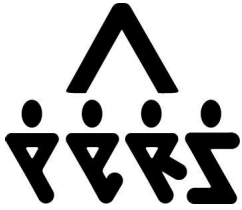
If continuing coverage, indicate your preferred method of payment. If selecting deduct from pension check, please indicate which retirement plan you would like to withhold the premium from. If selecting withhold from bank account, please provide the bank information and/or voided check you would like to withhold the premium from. NDPERS requires that the same bank account be used for all premiums with that same payment method.

PART D MEMBER AUTHORIZATION

You must sign and date this form for it to be valid. Electronic signatures will not be accepted.

ORIGINAL TO NDPERS – PLEASE RETAIN A COPY FOR YOUR RECORDS

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RETIREE HEALTH INSURANCE WITH MEDICARE APPLICATION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 59562 (Rev. 04-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A MEMBER INFORMATION

Member Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Spouse Name (Last, First, Middle)	
Address, City, State, ZIP Code	
Home/Personal Email Address	Home/Cell Telephone Number

ELIGIBLE RETIREMENT GROUP (select one)

- NDPERS
 NDHPRS
 Job Service
 TFFR
 TIAA
 Ex-Legislator
 NDPERS Defined Contribution
 Alternate Retirement System

PART B LEVEL OF COVERAGE – CHOOSE ONE

- I **decline** health insurance coverage at this time
 Single Coverage (Self Only)
 Family Coverage (Self and other eligible family members)

PART C EFFECTIVE DATE & REASON

Effective Date of Change (mm/dd/yyyy) _____
Actual effective date of coverage will be determined by NDPERS based on plan provisions.

- New Retiree
 Change Payment Method (complete Part G)
 Medicare Eligible
 Surviving Spouse
 Marriage (Date of Marriage _____)
 Loss of Other Coverage (Attach a Certificate of Creditable Coverage and complete Part F)
 Transfer from existing NDPERS policy. Current policyholder name & PERSLink ID: _____
 Remove Dependent/Spouse
 Add Dependent/Spouse Is this an adult child? No Yes If yes, please answer the following question.
Is adult child disabled? No Yes If yes, complete SFN 58856 and SFN 58798.

PART D DEPENDENT INFORMATION

List all family members to be covered under the plan, other than yourself:

- Indicate dependent’s address below name if address is different from yours.
- Relationship: Spouse, child, stepchild, adopted child, legal guardian, or grandchild.
- If you are adding a grandchild, submit Grandchild Eligibility Verification SFN 60983 and copy of the child’s birth certificate.

Last Name	First Name	Middle Name	Date of Birth	Gender	Relationship	Marital Status	Medicare Part A*	Medicare Part B*	Effective Date
					Spouse		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	A: B:
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	A: B:
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	A: B:
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	A: B:

PART E END STAGE RENAL DISEASE

Are you or spouse or any of your eligible dependents currently covered by Medicare due to End Stage Renal Disease? If yes, attach a notice from medical provider including individual diagnosis. This is necessary to determine eligibility under Medicare regulations.
 No Yes, Date of Initial Diagnosis: _____ (mm/dd/yyyy)

PART F OTHER COVERAGE INFORMATION

If you are newly enrolling or updating your health insurance due to loss of coverage, this section must be completed. Attach a Certificate(s) of Coverage or other documentation from your insurance company showing the coverage end dates and individuals insured. **Failure to provide documentation may affect eligibility to enroll/update your insurance.**

Are you, your spouse or any of your Eligible Dependents currently or were previously covered by another insurance benefit plan(s)? No, skip to next section
 Yes, **please complete this section**

Other Coverage Name & Phone Number	Policy Number	Policyholder (Last, First, Middle)	Date of Birth	Policy Coverage Dates (mm/dd/yyyy)		Name(s) of Person(s) Covered
				From	To	
				From		
				To		
				From		
				To		

Do you intend to keep your current policy(ies) in force after the effective date of this Application?
 Yes No

If no, why?

Workers' Compensation/No-Fault

Are you, your spouse or any of your Eligible Dependents currently receiving or have received worker's compensation benefits?
 No Yes
 Are you, your spouse or any of your Eligible Dependents currently receiving no-fault benefits?
 No Yes

NOTICE TO MEMBER

Please refer to the "Dakota Plan & Dakota Retiree Plan" information.

***If you checked YES for any dependents in Part D, in order to be eligible for coverage, you MUST submit a photocopy of each dependent's Medicare ID card showing Parts A & B. Each individual must complete the NDPERS Medicare Prescription Drug Plan (PDP) Applicant Enrollment Form.**

The NDPERS Medicare Prescription Drug Plan (PDP) Applicant Enrollment Form SFN 58860 cannot be signed or submitted to NDPERS more than 90 days prior to the requested effective date of coverage.

PART G PAYMENT METHOD

If you are drawing a pension from a NDPERS defined benefit plan (NDPERS or Job Service Retirement Plan) or the Teacher's Fund for Retirement (TFFR), your health insurance premium may be deducted from your pension check. If your pension check is not large enough, your health insurance premiums must be withheld from a bank account by completing the bank information section below.

If you are drawing a pension from TIAA or the NDPERS Defined Contribution Plan or you are an ex-legislator, your health insurance premiums must be withheld from a bank account. Please complete the bank information section below.

NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month will result in loss of COBRA continuation coverage.**

<input type="checkbox"/> <u>Deduct from Pension Check*</u> (only available for retirees of the following plans). Please indicate which retirement plan: <input type="checkbox"/> NDPERS <input type="checkbox"/> TFFR	
<input type="checkbox"/> Withhold from bank account. Complete the information below and on page 2. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.	
NDPERS requires that the same bank account be used for all insurance premiums with that same payment method. Payment method elected for health insurance will apply to applicable Part D enrollment(s).	
Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
<input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number
<p>Attach a Voided Check Here for Checking Account (Optional). Deposit slips will not be accepted.</p>	

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request with member signature must be submitted along with one Prescription Drug Plan (PDP) Disenrollment-SFN 58861 for each family member insured under the Part D plan through NDPERS. The request must provide the contract holder's name, last four digits of social security number or NDPERS Member ID, and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. NDPERS cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

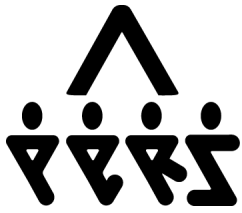
PART H MEMBER AUTHORIZATION

I authorize the Social Security Administration to furnish Sanford Health Plan with medical or other information acquired under the Title XVIII Program (MEDICARE) during the periods my contracts are in force. I authorize Sanford Health Plan, or its agent to receive medical information from physicians, hospitals, and other health care providers in order to assure appropriateness of claims payment.

I 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.

Signature of Applicant (Electronic Signature will <u>not</u> be accepted)	Date Signed
---------------------------------------------------------------------------	-------------

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MEDICARE PRESCRIPTION DRUG PLAN (PDP) APPLICANT ENROLLMENT FORM
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58860 (Rev. 02-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A RETIRED MEMBER INFORMATION

Member's Name (Last, First, Middle)	NDPERS Member ID
-------------------------------------	------------------


PART B APPLICANT INFORMATION AND EFFECTIVE DATE

Name of Applicant Requesting PDP Enrollment (Last, First, Middle)	Applicant NDPERS Member ID
Applicant Last Four Digits of Social Security Number	Applicant Date of Birth (mm/dd/yyyy)
Requested Effective Date	

PART C PERMANENT RESIDENCE ADDRESS & TELEPHONE NUMBER

Street Address			PO Box
City	State	Zip Code	Telephone Number

PART D PROVIDE YOUR MEDICARE INSURANCE INFORMATION

<p>Please take out your Medicare Card to complete this section.</p> <ul style="list-style-type: none"> Please fill in these blanks so they match your red, white, and blue Medicare card. Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board. <p>You must have Medicare Part A & Part B to join the NDPERS Medicare prescription drug plan.</p>		
	MEDICARE HEALTH INSURANCE	
	NAME OF BENEFICIARY:	
	MEDICARE CLAIM NUMBER	SEX
IS ENTITLED TO	EFFECTIVE DATE	
HOSPITAL (PART A)	___/___/___	
MEDICAL (PART B)	___/___/___	

(Continued to back. Signature required.)

Humana Group Medicare (PDP) contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and B coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage, or an individual Medicare Advantage Plan, your enrollment in Humana Group Medicare may end that enrollment.

You can join a new Medicare prescription drug plan or Medicare health plan from October 15 to December 7. Except in special cases, you cannot join a new plan at any other time of the year. If you leave this plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage.

Some people may have to pay an extra premium amount because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213. TTY users call 1.800.325.0778.

Medicare beneficiaries with low or limited income and resources may qualify for Extra Help. If you qualify, your Medicare prescription drug plan costs will be less. Once you are enrolled in this drug plan, Medicare will tell the plan how much assistance you will receive and Humana Group Medicare will send you information on the amount you will pay. If you are not currently receiving Extra Help, you can contact 1.800.MEDICARE (1.800.633.4227) to see if you might qualify. TTY users call 1.877.486.2048.

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

This information is not a complete description of benefits. Contact Humana Group Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium (if applicable) and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Release of Information

By joining this Medicare prescription drug plan, I acknowledge that Humana Group Medicare can release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.

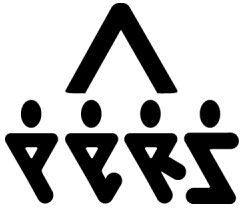
I also acknowledge that Humana Group Medicare can release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations.

I understand this enrollment form cannot be signed or submitted more than 90 days prior to the effective date of coverage.

Signature of Applicant Enrolling in NDPERS PDP (Electronic signatures will not be accepted)	Today's Date
---------------------------------------------------------------------------------------------	--------------

Humana Group Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Humana Group Medicare depends on contract renewal.

PDF form cannot be signed, dated, or submitted to NDPERS 90 days prior to the requested effective date of coverage.



RETIREE LIFE INSURANCE APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53622 (Rev. 08-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Preferred Email Address	Telephone Number
ELIGIBLE RETIREMENT GROUP (select one) <input type="checkbox"/> NDPERS <input type="checkbox"/> NDHPRS <input type="checkbox"/> Job Service <input type="checkbox"/> TFFR <input type="checkbox"/> TIAA <input type="checkbox"/> Ex-Legislator <input type="checkbox"/> NDPERS Defined Contribution <input type="checkbox"/> Alternate Retirement System	

PART B NDPERS GROUP LIFE INSURANCE

Effective Date (mm/dd/yyyy)

I elect **NOT** to Continue my Group Life Insurance

I elect To continue my Group Life Insurance: (Check appropriate coverages below)

Basic Life

Supplemental Life*: At Current Level of Coverage At a Reduced Level of Coverage: \$ _____ .00

Dependent Life*: At Current Level of Coverage At a Reduced Level of Coverage: \$ _____ .00

Spouse Supplemental Life*: At Current Level of Coverage At a Reduced Level of Coverage: \$ _____ .00

Spouse supplemental life insurance cannot be more than 50% of the total member life insurance.

* Any supplemental coverage will end when the member turns 65. Carrier may offer to port or convert this coverage.

Beneficiary(ies) Update

PART C PAYMENT METHOD

If you are drawing a pension from a NDPERS defined benefit plan (NDPERS or Job Service Retirement Plan) or the Teacher's Fund for Retirement (TFFR), your insurance premium(s) may be deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account by completing the bank information section below.

If you are drawing a pension from TIAA or the NDPERS Defined Contribution Plan or you are an ex-legislator, your insurance premium(s) must be withheld from a bank account. Please complete the bank information section below.

NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month may result in cancellation of coverage.**

Deduct from Pension Check* (only available for retirees of the following plans).
Please indicate which retirement plan: NDPERS TFFR

Withhold from bank account. Complete the information below. Please write clearly and verify information for accuracy.
Form will be returned if information provided is illegible.

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
<input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number

Attach a Voided Check Here for Checking Account (Optional).
Deposit slips will not be accepted.

PART D DESIGNATION OF BENEFICIARY

In compliance with the Federal Privacy Act of 1974 the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

Enter percent share for each beneficiary. The total **must equal 100%**. If the total share does not equal 100%, I grant NDPERS the authority to amend each of my beneficiary designations (up to +/-1%) with up to a 1% difference being credited to the eldest for any uneven split. **If beneficiaries are listed but no shares designated, I grant NDPERS the authority to divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest if there is any uneven split.**

PRIMARY BENEFICIARY(IES) – Total must equal 100%					
Name	Relationship	Social Security #	Birthdate	% Share	Address and Phone Number

SECONDARY BENEFICIARY(IES) – Total must equal 100%					
Name	Relationship	Social Security #	Birthdate	% Share	Address and Phone Number

PART E MEMBER AUTHORIZATION

I authorize all physicians and other medical professional, hospitals, and other medical care institution, insurers, medical or hospital service and prepaid health plans, employers and group policyholders, contract holders or benefit plan administrators to provide ING Employee Benefits and any benefit plan administrator, consumer reporting agencies, attorneys and independent claim administrators action on ING Employee Benefits behalf with information concerning medical care, advice, treatment or supplies provide the patient including information on mental illness and any employment related information regarding the Patient. This information will be used for the purpose of evaluating and administering claims for benefits. I understand the carrier will offer to port my term life policy(ies) or convert to a whole life policy(ies). I understand that if I elect to continue my coverage through NDPERS, I cannot port or convert the coverage with the carrier.

I 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.

Signature of Applicant (Electronic Signatures will not be accepted)	Date Signed
---------------------------------------------------------------------	-------------

Please review Page 3 for Additional Information and Instructions

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

Part A Member Information

For member identification, please provide all requested information. Indicate which group you are a member of in order to enroll in the retiree life insurance.

Part B NDPERS Group Life Insurance

Indicate the effective date of your election.

Check the appropriate box(es) to elect the levels of coverage you had as an active employee and wish to continue. You must continue the basic life to continue the employee supplemental, the employee supplemental to continue dependent life, and the dependent life to continue spouse supplemental. Any box NOT checked will be considered an automatic cancellation of coverage.

Check the appropriate box(es) to either maintain the same level of coverage you had as an active employee or elect to decrease your level of coverage. NOTE: YOU CANNOT INCREASE ANY LEVELS OF COVERAGE AS A RETIREE.

Please note that any supplemental insurances will end when the member turns 65; at which time, the carrier may offer to port the term life policy(ies) or convert to a whole life policy(ies).

Part C Payment Method

If continuing coverage, indicate your preferred method of payment. If selecting deduct from pension check, please indicate which retirement plan you would like to withhold the premium from. If selecting withhold from bank account, please provide the bank information and/or voided check you would like to withhold the premium from. NDPERS requires that the same bank account be used for all premiums with that same payment method.

Part D Designation of Beneficiary

Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")

A member may designate contingent beneficiary(ies) who will receive benefits if all primary beneficiary(ies) predecease member.

If you have more than three designated beneficiaries in either the primary or contingent beneficiary sections, please submit a typed attachment and include your name, NDPERS Member ID or last four digits of your Social Security number, birthdate, signature, and date.

The benefit will be distributed as directed by the designation. Enter percent share for each beneficiary. All beneficiary designations shall equal 100% of the benefit. If the total share does not equal 100%, NDPERS shall amend each beneficiary's allocation (up to 1% increase or decrease) to reach the 100% total. **If beneficiaries are listed but no shares designated, NDPERS will divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest if there is any uneven split.**

If a named beneficiary does not survive, the share will be distributed among any surviving beneficiaries in proportion to the shares designated. As this distribution may not reflect the member's preference, we recommend the member be sure to designate the percent of share for each listed beneficiary and that the total equals 100%.

Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established.

ESTATE DESIGNATION

If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

TRUSTEE DESIGNATION

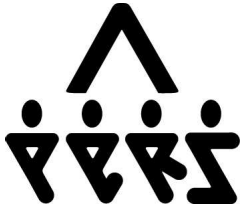
1. Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
2. "The _____ Trust Company, trustee under written trust agreement date (month, date, year) _____, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

Part E Member Authorization

You must sign and date this section for this form to be valid. Electronic Signatures will not be accepted

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RETIREE DENTAL/VISION INSURANCE ENROLLMENT, CHANGE, OR CANCEL
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53504 (Rev. 06-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A MEMBER INFORMATION

Member Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Spouse Name (Last, First, Middle)	
Address, City, State, ZIP Code	
Home/Cell Phone Number	Home/Personal Email Address
ELIGIBLE RETIREMENT GROUP (select one) <input type="checkbox"/> NDPERS <input type="checkbox"/> NDHPRS <input type="checkbox"/> Job Service <input type="checkbox"/> TFFR <input type="checkbox"/> TIAA <input type="checkbox"/> Ex-Legislator <input type="checkbox"/> NDPERS Defined Contribution <input type="checkbox"/> Alternate Retirement System	

PART B LEVEL OF COVERAGE

Both Insurance options below must be completed:

Dental Insurance: Retiree Only Retiree+Spouse Retiree+Child(ren) Retiree+Family Decline/Cancel

Vision Insurance: Retiree Only Retiree+Spouse Retiree+Child(ren) Retiree+Family Decline/Cancel

PART C EFFECTIVE DATE & REASON

Effective Date of Change (mm/dd/yyyy)

Change Reason

New Coverage (Select a Reason): New Retiree Medicare Eligible Surviving Spouse

Marriage (Date of Marriage ____/____/____)

Loss of Other Coverage (Complete Part E. Must include Certificate of Creditable Coverage)

Transfer from existing NDPERS policy. Current policyholder name & PERSLink ID: _____

Remove Dependent/Spouse

Add Dependent/Spouse: Is this an adult child? No Yes. If Yes, please answer the following questions.
 Is adult child disabled? No Yes If Yes, complete SFN 58856 and SFN 58798.

PART D DEPENDENT INFORMATION

List all family members to be covered under the plan, other than yourself:

- a. Indicate dependent's address below name if address is different from yours.
- b. Relationship: Spouse, child, stepchild, adopted child, legal guardian, or grandchild.
- c. If you are adding a grandchild, submit Grandchild Eligibility Verification SFN 60983 and copy of the child's birth certificate.

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

Dependent Name (last, first, middle) If address is different than subscriber, indicate address under name	Relationship	Gender	Date of Birth	Social Security Number*	Court Ordered Coverage		Active Military	
					No	Yes	No	Yes
	Spouse				N/A		<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART E OTHER DENTAL OR VISION COVERAGE INFORMATION

If you are newly enrolled or updating your dental or vision insurance due to loss of coverage, this section must be completed. Attach a Certificate(s) of Coverage or other documentation from your insurance company showing the coverage end dates and individuals insured. **Failure to provide documentation may affect eligibility to enroll/update your insurance.**

Are you, your spouse or any of your Eligible Dependents currently or were previously covered by another insurance benefit plan(s)? No, skip to next section
 Yes, **please complete this section**

Do you intend to keep your current policy(ies) in force after the effective date of this Application?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, why?

Workers' Compensation/No-Fault

Are you, your spouse or any Eligible Dependents currently receiving or have received worker's compensation benefits? No Yes
 Are you, your spouse or any Eligible Dependents currently receiving no-fault benefits? No Yes

PART F PAYMENT METHOD

If you are drawing a pension from a NDPERS defined benefit plan (NDPERS or Job Service Retirement Plan) or the Teacher's Fund for Retirement (TFFR), your insurance premium(s) may be deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account by completing the bank information section below.

If you are drawing a pension from TIAA or the NDPERS Defined Contribution Plan or you are an ex-legislator, your insurance premium(s) must be withheld from a bank account. Please complete the bank information section below.

NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month may result in cancellation of coverage.**

<input type="checkbox"/> <u>Deduct from Pension Check*</u> (only available for retirees of the following plans). Please indicate which retirement plan: <input type="checkbox"/> NDPERS <input type="checkbox"/> TFFR	
<input type="checkbox"/> <u>Withhold from bank account.</u> Complete the information below. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.	
NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.	
Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
<input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number

**Attach a Voided Check Here for Checking Account (Optional).
Deposit slips will not be accepted.**

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written cancellation request must be submitted by the end of the month prior to the effective date. The cancellation request must include the member's name, NDPERS member ID, last four digits of social security number, and effective date. Partial month or retroactive cancellations will not be accepted.

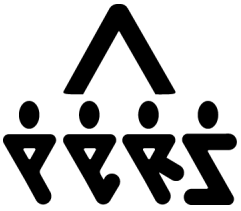
PART G MEMBER AUTHORIZATION

To the best of my knowledge and belief, the information I have provided on this form is correct. I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime. I understand my coverage begins on the effective date assigned by the carrier. If canceling coverage, I understand I will be responsible to request reimbursement from RHIC vendor for my retiree health insurance credit, if any.

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.

Signature of Applicant (Electronic Signature will <u>not</u> be accepted)	Date Signed
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CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53512 (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 PARTICIPANT/QUALIFIED BENEFICIARY INFORMATION

Name (Last, First, Middle)	PeopleSoft Employee ID (Required)	NDPERS Member ID
Last Four Digits of Social Security Number		Date of Birth (mm/dd/yyyy)

PART B CONTINUATION OF COVERAGE ELECTION / WAIVER

If you elect Medical Spending Continuation coverage, it will be in effect to the end of the current plan year, or December 31.

Do you wish to continue your current participation in the NDPERS Flexcomp Plan Medical Spending Account? Yes No

- I wish to pre-pay the premium through the end of the plan year with pre-tax dollars deducted from my final pay checks.
- I will pay the premium plus a 2% administration fee with after-tax dollars through the remainder of the plan year.

PART C AUTHORIZATION OF APPLICANT

I have read the information in its entirety, **including the back page**, and agree to abide by the terms of the Plan Document. I understand that if I have elected to pre-pay the premium from my final paychecks, that NDPERS will contact my employer to notify them of my election and to discuss termination processing. I certify, under penalties of perjury, that the information submitted on this form is true, correct and complete.

Applicant's Signature (Electronic Signatures will not be accepted)	Date
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Entitlement to COBRA Coverage

Under provisions of the Internal Revenue Service (IRS) COBRA regulations, you have the opportunity to extend your participation in the Medical Spending Account to the end of the current plan year.

The employer has the responsibility to notify NDPERS of a participant's death, termination, or reduction in hours of employment.

Qualified Beneficiaries Your spouse or dependent(s) may elect to continue coverage in a medical spending account under the following circumstances:

1. Participant's death.
2. Divorce or legal separation.
3. A dependent child ceases to be a "dependent child" under the group health plan.

If you elect COBRA continuation, your premium payment will be based on the annual election amount in existence at the time of the qualifying event.

Under the law, it is the responsibility of the person seeking continuation coverage to inform NDPERS of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event. If you are interested in COBRA continuation coverage, contact NDPERS for more information.

Length of COBRA Coverage

You, your spouse or dependent(s), are eligible to receive continuation coverage until the end of the plan year, or December 31, in which the qualifying event occurred. If you have paid your premium through the end of the year on December 31 and have a balance in your account, you have the option to have eligible expenses incurred during the "grace period", from January 1 through March 15 of the new plan year, reimbursed from that remaining balance. You will have until April 30 to submit claims. Any amount remaining in your medical spending reimbursement account after the April 30 claims filing deadline is forfeited.

COBRA Coverage Premiums

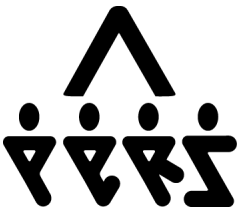
Employees who elect COBRA continuation coverage are permitted to pre-tax the COBRA premium and pre-pay the premium through the end of the current plan year from their final paychecks.

To pay the premium with after-tax dollars throughout the plan year, submit the premium amount plus a two percent (2%) administrative fee by the first of each month. If you fail to pay the premium on time, your coverage will terminate on the last day of the month for which a contribution was received.

Continuation coverage under COBRA is provided subject to your eligibility. NDPERS reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage.

You will have 60 days from the date of this notice to inform NDPERS that you want continuation coverage.

IF YOU DO NOT RETURN THIS ELECTION FORM WITHIN 60 DAYS OF THE DATE OF THIS NOTICE YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE



457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 3803 (Rev. 12-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A MEMBER INFORMATION

Table with 2 columns: Member Information and NDPERS Member ID. Rows include Name, Social Security Number, Phone Number, Email Address, and Organization Name.

PART B PROVIDER INFORMATION

Form for provider selection with checkboxes for Empower, Bravera, Nationwide, Bank of North Dakota, and Grandfathered State of ND 457 plan. Includes agent information fields.

PART C

COMPLETE IF NEWLY ENROLLED AFTER DECEMBER 31, 2024 IN THE DEFINED CONTRIBUTION PLAN

Form for Defined Contribution Plan enrollment with a checkbox for 2025 Tier 3 enrollment and signature/date fields.

PART D CHECK ALL THAT APPLY

Form with two columns of checkboxes for application changes: 1-5 (Deduction changes) and 6-10 (Catch-up, Provider Change, etc.).

PART E CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

Must be completed if you checked 1, 2, 3, 5, 6, 7, or 10 in Part D

Form for calculating maximum allowable deduction with rows A through E and dollar amounts.

PART F SALARY REDUCTION AUTHORIZATION

Must be completed if you checked 1, 2, 3, 5, 6, 7, or 10 in Part D

Authorization for deductions must be made in the month prior to the pay period in which the income is earned.

I authorize my employer to reduce my salary.

Amount Per Pay Period (must be higher than \$25/month) \$	Pay Period Beginning Date (Not Date Paid) mm/dd/yyyy
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(The signature date in Part G must be in the month prior to the pay period date entered here.)

With regard to this agreement, the Participant acknowledges the following:

- I understand that my salary will be reduced each pay period by the amount authorized above. The deduction cannot be changed or stopped without an authorized participant agreement form returned to payroll from NDPERS.
- I understand the accumulated deferred salary is credited to my account and is not available to me or my beneficiary(ies) until I separate from service, unless, I should experience an unforeseeable emergency and a distribution is approved by the NDPERS Board.
- I acknowledge that the Retirement Board makes no recommendation as to any provider and understand that the Retirement Board does not warrant or guarantee the investment performance of any provider.
- I understand that all compensation deferred under the Plan, and all earnings accruing thereof, shall be held for the exclusive benefit of myself or my Beneficiary, until such time as it is made available to me pursuant to the terms of the Plan.
- I understand that this agreement includes the beneficiary forms as executed with and maintained by my provider.
- I authorize NDPERS to contact my employer to confirm my last date of employment for any lump sum payout (#10 above), if not provided, and the North Dakota Office of Management and Budget, if necessary, to insure the authorized amount is withheld from my paycheck.

PART G PARTICIPANT AUTHORIZATION

I verify that the foregoing statements are true and correct to the best of my knowledge and belief and are subject to the laws and penalties governing any misrepresentations and fraud.

This form must be dated in the month prior to a lump Sum payout (Part D #5 or the date listed in Part F.)

Participant's Signature (Electronic Signature will <u>not</u> be accepted)	Date (Must be prior to the date on Part F)
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ANNUAL LIMITS

Annual Limit for 2025: \$23,500
Age 50+ Limit for 2025: \$31,000
Regular 3 Year Catchup: \$47,000 Regular 3 Year Catchup
must be within three (3) year prior to the year in which you retire.

PART A MEMBER INFORMATION

For member identification, please provide all requested information.

PART B PROVIDER INFORMATION

Eligible 457 Providers include Empower Companion Plan, Bravera, Nationwide and Bank of North Dakota. If you have an account with a grandfathered State of ND 457 plan, please list the plan. Grandfathered plans are not available to newly enrolling members.

If you check 'New Application in Part C, you must first select and contact one of the eligible providers for the plan. The provider representative you select will assist you in completing the required forms to open an account.

PART C

ELIGIBLE FOR DEFINED CONTRIBUTION PLAN 2025 (TIER 3 DC 2025)

NDCC 54-52.6-01 defines an eligible employee who is first enrolled effective January 1, 2025, in the Defined Contribution Plan as having the same meaning as provided under section 54-52-02.15. According to 54-52.6-09, all eligible employees of a participating employer must be immediately enrolled in the NDPERS Defined Contribution Plan within the first month of employment.

Per NDCC 54-52-02.15, "eligible employee" means a permanent employee who meets the following:

- 1) is at least eighteen years of age;
- 2) becomes a participating member after December 31, 2024 and
- 3) is not eligible to participate in the law enforcement plan, judges' plan, highway patrol plan, teachers' fund for retirement plan, or alternative retirement plan established under section 15-10-17 for university system employees.

After December 31, 2024, under 54-52.6-02.1, eligible employees includes the following:

- 1) Temporary or Part-time employees within 180 days of beginning employment must complete the Agreement/Waiver of Participation for Optional Defined Contribution Retirement Plan SFN 54366.
- 2) Elected or appointed state officials enrolled for the first time, from and after the date that individual qualifies and takes office.
- 3) Nonstate appointed officials of participating employers within the first month of taking office.

Elected officials specifically of participating counties, at their individual option, may enroll within the first six months of their term.

The employee must sign and date this section.

Defined Contribution 2025 (Tier 3 DC 2025): participation in a NDPERS State of ND 457 Plan also allows up to a 3% match from my employer if election in the Defined Contribution Plan was not maximized within the first 30 days of employment.

Part D CHECK ALL THAT APPLY

Check the applicable box(s).

Box 5 lump sum payout - please indicate if your regular monthly deduction for that same month should be excluded. NDPERS requires that you also enter your last date worked or authorize NDPERS to contact your employer in order for your lump sum deduction to be entered correctly.

Box 7 Regular 3 Year Catch-up –457 Deferred Compensation Catch-up Worksheet SFN 51501 MUST accompany this form.

Box 8 Provider Change - YOU MUST complete 2 Participant Agreement forms: *One for the new provider & √ 'New Application' 2. One to stop contributions to old provider & √ 'Suspend Deduction.'

Box 9 Change in Agent only - Complete Part A, B & F of this form

Note: All Defined Benefit Retirement Plans - enrollment automatically maximizes retirement savings by vesting in the employer's contribution through Portability Enhancement Provision (PEP).

Defined Contribution (Tier 1 DC) or Defined Contribution 2020 (Tier 2 DC2020) - there is no matching, PEP or employer match.

Defined Contribution 2025 (Tier 1 DC2025) – there is a matching employer contribution, up to 3% (if not matched at 3% in the DC plan).

PART E CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

The minimum contribution is \$25.00 per month. The maximum regular annual contribution limit is the lesser of 100% of annual compensation or the annual maximum limit indicated above.

PART F SALARY REDUCTION AUTHORIZATION

The IRS regulations require you to make your deferral election in the month prior to the month the salary is earned.

PART G PARTICIPANT AUTHORIZATION

Sign where indicated. If you completed Part E, your signature must be dated in the month prior to the month entered in that section.

Defined Benefit Plan and Defined Contribution Plan: The employee's signature in this section **will authorize** a reduction in the employee's monthly wage and contribution to a deferred compensation plan.