NOTICE OF TRANSFER

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53706 (Rev. 07-2010)

NDPERS ● PO Box 1657 ● Bismarck, ● North Dakota 58502-1657
(701) 328- 3900 ● 1-800-803-7377 ● Fax 701-328-3920

PART A MEMBER INFORMATION

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

PART B CURRENT EMPLOYER

Organization Name	NDPERS Organization ID
Last Date of Service with Current Agency	Date of Last Regular Paycheck
Last Month Insurance Premium(s) will be paid by your agency/or this employee (Month & Year) :	Projected Accumulated hours of sick leave to date of transfer:

PART C CURRENT PLAN INFORMATION (Check yes or no for all NDPERS plans the employee is currently participating in)

Defined Benefit Plan	☐No ☐Yes
Defined Contribution Plan	☐No ☐Yes
Deferred Compensation (457)	☐No ☐Yes, Provider(s):_____ Monthly Deduction: $_____ (if more than one provider- attach a detailed memo)
Group Health Insurance	☐No ☐Yes, ☐Single ☐Family
Group Life Insurance	☐No ☐Yes, ☐$1,300 Basic Life ☐Supplemental $_____.00 ☐Dependent $_____.00 ☐Spouse Supplemental $_____.00
Group Dental Insurance	☐No ☐Yes, ☐Individual Only ☐Individual & Spouse ☐Individual & Child(ren) ☐Family
Group Vision Insurance	☐No ☐Yes, ☐Individual Only ☐Individual & Spouse ☐Individual & Child(ren) ☐Family
Long Term Care Insurance	☐No ☐Yes, Premiums: $_____ Employee $_____Spouse
FlexComp Plan	☐No ☐Yes, ☐Medical Spending, $_____Annual Deduction ☐Dependent Care, $_____Annual Deduction

PART D AUTHORIZATION OF CURRENT AUTHORIZED AGENT

I certify that the above information is true and correct.

Authorized Agent Signature	Telephone Number	Date of Signature

PART E NEW EMPLOYER

Organization Name	Department Number
First Day of Service with New Agency:	Date of First Regular Paycheck

New Classification:
☐Classified State ☐Non-Classified State ☐Non-State ☐Salaried ☐Hourly
☐Non-Seasonal ☐Seasonal ☐Elected Official ☐Appointed Official
☐State Supreme Court ☐State University System ☐TIAA-CREF ☐ND Teacher's Fund for Retirement

PART F AUTHORIZATION OF NEW AUTHORIZED AGENT

I certify that the above information is true and correct.

Authorized Agent Signature	Telephone Number	Date of Signature

INSTRUCTIONS

Often employees will terminate their position with an employer participating in NDPERS and take a job with another employer who is also participating in NDPERS (SEE **LISTING OF PARTICIPATING EMPLOYERS**). Therefore, the employee's membership is transferred to the new employer and membership IS NOT terminated unless the new employer does not offer or is not eligible for a particular NDPERS plan.

Part A Member Information

For member identification, please provide all requested information.

Part B Current Employer

A PERS Transfer Kit must be given to the employee to complete. **A completed kit must accompany the Notice of Transfer SFN 53706.**

Indicate the current employer's name and department number. Indicate the last day of employment and the last regular paycheck issued to the employee.

Indicate last month insurance premiums will be paid by your agency/employee.

Indicate the projected accumulated unused sick leave at the date of transfer.

Part C Current Plan Information

Check the appropriate box on the right side for all NDPERS plans. If the employee does not participate in a plan, check the NO box. If the employee does currently participate, check the YES box and complete all applicable boxes following, if any.

Part D Authorization of Authorized Agent

The current agency's designated NDPERS authorized agent must sign and date this form.

Part E New Employer

This form should be forwarded to the new employer. The new employer should indicate the agency's name and department number; as well as, the first day of employment and the employee's first regular paycheck.

The new employer should also indicate the employee's new job classification.

The new employer should transfer any eligible plan participation as indicated in Part C with NO change in the levels of coverage.

Any plans the employee currently participates in but not offered or eligible through new employment will be terminated.

Any plans the employee currently does not participate in but now is offered or eligible through new employment, the employer must enroll as a new employee. See your Inside NDPERS Handbook for instructions for enrolling a new employee.

Part F Authorization of Authorized Agent

The new agency's designated NDPERS authorized agent must sign and date this form.