



## MEETING REQUEST AND REGISTRATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53176 (Rev. 02-2010)

NDPERS • 400 East Broadway, Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657  
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### PLEASE REVIEW PAGES 2 AND 3 OF THIS FORM BEFORE PROCEEDING

<b>PART A AGENCY INFORMATION</b>		
Name of Agency:		Dept # (If Applicable)
Contact Person:		Phone Number:
E-mail Address:		Fax Number:
Mailing Address:		
City:	State:	Zip Code:
<b>PART B PRESENTATION INFORMATION</b>		
Location/Facility Name:		
Location Address:		
City:	State:	Zip Code:
Suggested Presentation Dates: (List 3) 1. 2. 3.		
Suggested Times: <u>(Between 8:00 AM &amp; 5:00 PM)</u>		
<b>PART C TYPE OF PRESENTATION</b>		
<input type="checkbox"/> New Employer Group: <input type="checkbox"/> Group Insurance: <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Law Enforcement Retirement Plan <input type="checkbox"/> Deferred Compensation (457)		<input type="checkbox"/> Pre-Retirement Education Program (PREP) <input type="checkbox"/> Onsite Benefit Counseling Services (OBCS) <input type="checkbox"/> Portability Enhancement Provision (PEP) (Includes Retirement & Deferred Comp) <input type="checkbox"/> TFFR PREP <input type="checkbox"/> TIAA-CREF PREP <input type="checkbox"/> Authorized Agent Training Program <input type="checkbox"/> Agency Intensive/Investment Education
Number of Eligible Participants:		Anticipated Number of Attendees:
<b>PART D NDPERS USE ONLY</b>		
Current Participation: <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> State Deferred Comp-457 <input type="checkbox"/> Other Deferred Comp-403(b) <input type="checkbox"/> Health Insurance <input type="checkbox"/> Life Insurance		
Scheduled Date:		Scheduled Time:
<input type="checkbox"/> Go To Meeting <input type="checkbox"/> Travel <input type="checkbox"/> In Town		Assigned to:

## **MEETINGS AVAILABLE THROUGH NDPERS**

### **New Employer Group**

These meetings are geared to provide benefit plan information to employers and employees on programs available through NDPERS. This includes eligibility, contribution costs and premiums, participation requirements, laws and regulations. See [Program Requirements](#).

### **Pre-Retirement Education Programs (PREP)**

This seminar is intended to be pre-retirement education geared to assisting long-term employees and spouses in planning for a successful life after leaving state employment. It is impossible to plan the future for employees. However, the goal of pre-retirement education is to provide the tools necessary to plan for oneself. See the [PREP Facilitator's Guide](#) for program requirements and responsibilities.

### **Onsite Benefit Counseling Services (OBCS)**

Employers may request a NDPERS Representative to provide onsite individual benefit counseling sessions for members participating in the NDPERS Defined Benefit Retirement Plan.

### **Portability Enhancement Provision (PEP)**

These educational sessions are designed to encourage participants to start a deferred compensation plan to supplement retirement income and to add cash value to a participant's existing NDPERS Defined Benefit Retirement Plan. See [Program Requirements](#).

### **Authorized Agent Training**

This training is to assist an agency's designated Authorized Agent with instructions and assistance on forms and procedures, rules and regulations, and other related areas. This training is done at the NDPERS office.

### **Agency Intensive/Investment Education**

Contact the NDPERS office for details.

## **PROGRAM REQUIREMENTS**

To qualify for a meeting request you need a minimum of 75% of eligible participants registered to attend. If an employer can not meet this requirement, the employer may coordinate with another participating employer.

If you are unable to coordinate with another participating employer:

1. NDPERS will make every attempt to accommodate your request but can not guarantee staff availability (also contingent on weather conditions if travel outside the Bismarck-Mandan area is required) or
2. The presentation can be a telephone conference call. NDPERS will send all the information to you a week before the conference call.

A "Meeting Request and Registration Form SFN 53176" must be completed at least 60 days prior to the meeting date. The [registration form](#) must be completed at least two (2) weeks prior to the confirmed meeting date.

## **Agency Responsibilities**

### **EMPLOYER:**

- Must define type of presentation.
- Must provide the registration form to NDPERS 2 weeks prior to the scheduled meeting. If the roster does not conform to the attendee requirements, your meeting may be cancelled.
- Must make meeting room accommodations.
- Responsible for compliance with the "Americans with Disabilities Act" (ADA) if any attendee requires any auxiliary aid or service.
- Must have available a projector screen or an unobstructed wall for the power point presentation.

### **NDPERS:**

- NDPERS will make every attempt to accommodate your request but can not guarantee staff will be available for any requested meeting date (also contingent on weather conditions if travel outside the Bismarck-Mandan area is required).

## **REGISTRATION FORM**

***To qualify this meeting you must have a minimum of 75% of eligible participants registered to attend.  
If the roster does not conform to this requirement your meeting may be cancelled.***

Name of Agency
Contact
Phone Number
Presentation Date

### **Attendee Names:**

Last Name	First Name
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1.	
2.	
3.	
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20.	
21.	
22.	
23.	
24.	
25.	

Total Number of Attendees:

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