**NEW EMPLOYER GROUP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

{stdOrgName} - Organization ID {stdOrgCodeId}

**INDIVIDUAL REQUEST FOR PURCHASE INFORMATION**

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|  |

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAYTIME PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT GROSS MONTHLY SALARY: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please send me a cost analysis to purchase the service indicated below. I understand that this purchase cost is only an estimate based on the information provided above--actual purchase cost computations will be determined after NDPERS has received my first retirement contribution. Requesting a cost analysis **DOES NOT** obligate me to purchase service credit.

**TYPE OF PURCHASE:** **DATES OF SERVICE:**

Month Day Year Month Day Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Out-of-State Service | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | To | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  | Federal Service | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | To | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  | Active Military Service | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | To | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  | Past NDPERS Service | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | To | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  | Non-Covered Public Service | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | To | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ | To | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

To compute benefits and purchase information yourself, either:

1. Contact the PERS office for a "Retirement Benefit Program" diskette, or

2. Visit our website; our address is <http://www.nd.gov/ndpers>.