**53754-****{stdMbrPERSLinkID}**



**457 DEFERRED COMPENSATION PLAN AGREEMENT FOR USERRA COVERED MILITARY ACTIVE DUTY**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53754 (REV. 01-2014)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

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| **PART A EMPLOYEE INFORMATION** | | |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | | NDPERS Member ID {stdMbrPERSLinkID} |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | Date of Birth {stdMbrDateOfBirth} |
| Present Employer {stdCurrentEmployerOrgName} | | NDPERS Organization ID {stdCurrentEmployerOrgCodeID} |
| Number of Months Active Duty | Contribution Amount Before Active Duty  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PART B NOTICE TO EMPLOYEE Review and Initial Each Statement** | | |
| I am an employee of a participating governmental unit and elect to DEFER WAGES for eligible active military duty service covered under USERRA for missed contributions to the North Dakota deferred compensation plan. \_\_\_\_\_\_\_\_\_\_(initials)  I understand that NDPERS will require service and salary verification from my employer and I hereby authorize my employer to release such information to NDPERS. \_\_\_\_\_\_\_\_\_\_(initials)  I understand that I will have three (3) times the number of months of active duty or five (5) years from the date of my return from active duty, whichever is less, to complete the missed contributions. If I choose not to contribute during this time, I will not be able to contribute under USERRA in the future. \_\_\_\_\_\_\_\_\_\_ (initials)    I understand that upon election to defer eligible contributions, I have the option to defer the full amount in a lump sum or defer payments on a monthly basis. The contribution schedule can not exceed my applicable payment period under the above item and a minimum payment of not less than $25.00 per month, is required. \_\_\_\_\_\_\_\_\_\_(initials)  I understand that I do not have access to these funds for any reason while I am employed by a participating employer; until I terminate my employment or retire, these monies are invested with my designated Provider. \_\_\_\_\_\_\_\_\_\_(initials)  I understand that prior to the first deferment being made; I must supply NDPERS with a legible photocopy of my DD214 or NGB22 discharge form from the military, and complete SFN 3803. \_\_\_\_\_\_\_\_\_\_(initials)  Employee’s Signature Date of Signature | | |

