**ELIGIBILITY ASSESSMENT QUESTIONNAIRE**



NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58781 (12-2009)

# NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657

**(701) 328-3900 OR (800) 803-7377 • FAX: (701) 328-3920**

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| PART A EMPLOYER INFORMATION | | | | | |
| Organizational Name | | Organizational ID (NDPERS Use Only) | | | |
| Contact Name | | | Daytime Telephone Number | | |
| E-Mail Address | | | | | |
| Mailing Address | City | | | State | Zip Code + 4 |
| **PART B PLAN TYPE** | | | | | |
| Defined Benefit Retirement Plan Defined Benefit Law Enforcement Plan Deferred Compensation Plan  Group Health Insurance Group Life Insurance FlexComp Plan (only available to District Health Units) | | | | | |
| **PART B ELIGIBILTY ASSESSMENT QUESTIONNAIRE** | | | | | |
| NDPERS cannot provide suggested language for drafting your responses. Please contact your business or legal counsel for assistance.   1. Is the agency created by North Dakota statute or organized pursuant to a North Dakota Statute? If so, please provide citation. 2. What is the purpose of the agency? 3. What is the agency’s funding source?   4. Is the agency a non-profit corporation or a for-profit corporation? If a for-profit corporation, please include a copy of the articles of incorporation. | | | | | |

Upon completion, submit this form to NDPERS. You will be notified whether or not your agency is eligible to participate in NDPERS. If eligible, NDPERS will provide you with the participation and enrollment information and instructions.