{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: PARTICIPATION REQUEST**

Dear {stdOCSalutation}:

{x quwhen GroupQualify has “0”}

This is to notify you that a review of your “Eligibility Assessment Questionnaire” by our legal counsel indicates that your group does not qualify as an eligible governmental entity to participate in the NDPERS {quwhen PlanName has not “6”}{qu PlanName} Plan.

{x endblock}.

Thank you for your interest in NDPERS.

{x endblock}

{x quwhen GroupQualify has “1”}

This is to notify you that a review of your “Eligibility Assessment Questionnaire” by our legal counsel indicates that your group does qualify as an eligible governmental entity to participate in the NDPERS {quwhen PlanName not “6”}{qu PlanName} Plan.

{x endblock}.

NDPERS requires 45-60 days to enroll a group. Your Organization ID is {stdOrgCodeId}. Please use this number when requested on forms or other business transactions with NDPERS.

As an eligible entity, you have the option to request a presentation on the NDPERS benefit plan(s) you have under consideration. You can request a site visit or an on-line meeting. The type of meeting conducted may be subject to staff availability and based on the size of the group. To schedule a meeting please complete a Meeting Request and Registration SFN 53176 which is available on our web site under ‘Employer Services’.

Enclosed is an “EMPLOYER PARTICIPATION AGREEMENT”. This document must be signed by your governing authority and returned to NDPERS along with the enclosed “Notice of Appointment of Authorized Agent SFN 17029” and a signed copy of your board/commission meeting minutes with its resolution for participation. Please use the following sample language to ensure your resolution is in the correct format:

*A motion was made by [Enter Board Member’s Name here]* *for* *{stdOrgName} to affirm to North Dakota Public Employees Retirement System that* *{stdOrgName} is formed pursuant to N.D.C.C. §* *{qu InsertCitation} and is neither a non-profit nor a for-profit corporation, to join the NDPERS*{quif PlanName not "6"} {qu PlanName} Plan{endif}*and offer the plan to all eligible employees of the* *{stdOrgName}. The motion was seconded by with [Enter Board Member’s Name here]. The Board approved joining the NDPERS* {quif PlanName not "6" }{qu PlanName}{ endif } *effective* *{qu EffectiveMonth} 1,* *{qu Year}.*

NDPERS cannot enroll your group until we have received the completed agreement, notice of appointment and signed resolution as requested above.

**Notice of Appointment of Authorized Agent or Contact SFN 17029:** This individual must verify all information and must sign all forms sent to NDPERS. This agent will be NDPERS' primary contact, unless indicated otherwise in Part D of the form.

The organization executive personnel/director must sign and date Part G to be valid. The executive personnel/director should also indicate their position or title. If the employer is controlled by a contracting authority or group, please note that a signature by a member in this contracting authority or group is required. This signature indicates that the authority or group has voted to approve this appointment.

The forms to enroll your group are available on our web site at www.nd.gov/ndpers. Select Program Administration, Kits, and the following:

**New Hire Kit:** This kit is used to enroll eligible employees in the NDPERS group benefit programs. The following forms in the kit must be completed by eligible employees, as applicable and submitted no later than {qu FormDueDate}.

**NDPERS Member Data Record SFN 58744:** The form establishes a record at NDPERS. Complete this form for all employees regardless if they will be participating with NDPERS or not.

{x quwhen PlanName has “0”}

**Health/Dental/Vision Insurance Enrollment/Change SFN 58792**: The application must be completed by all eligible employees who elect to participate in the Health Insurance Plan.

**Waiver of Insurance Coverage**: This form must be completed by any employee who is eligible to enroll in the group health plan, but elects not to participate at this time.

The following forms are enclosed and must be completed by the employer:

**Employee Eligibility Report SFN 54119:** You must provide us with a roster of all eligible employees whether or not they are joining NDPERS.

**Employer Payment Plan Election SFN 54422:**

This form must be completed to indicate the employer and employee contributions for group health coverage. NDPERS requires that all groups enrolled in the NDPERS health plan pay a minimum employer contribution, which must be at least 50% of the single premium. Review of Minimum Contribution Requirements is conducted on an annual basis by BCBS.

The following enclosed forms are optional and must be completed if the employer has elected to participate in these programs:

**Employer Based Worksite Wellness Plan:**

The purpose of the employer based wellness program is to encourage the formation of a healthy worksite culture. For more information about this program, refer to our web site under Program Administration. If you elect to participate in the program, the following forms must be completed:

**Employer Based Wellness Program Commitment Agreement SFN 58643**

**Employer Based Wellness Program Discount Application SFN 58436**

{x endblock}

{x quwhen PlanName has “1”}

**NDPERS Life Insurance Enrollment/Change SFN 53803**: The application must be completed by all eligible employees.

**Prudential Financial Short Form Health Statement Questionnaire:** This form must be completed for any spouse supplemental insurance over $50,000.

The following form is enclosed and must be completed by the employer:

**Employee Eligibility Report SFN 54119:** You must provide us with a roster of all eligible employees.

{x endblock}

{x quwhen PlanName has “2”}

**Membership Application for Retirement SFN 2561:** This form must be completed by all eligible employees that elect to participate in the retirement plan.

**Designation of Beneficiary SFN 2560:** A completed copy of this form must accompany each of the membership applications.

**Waiver of Membership for Eligible Employees:** This form must be completed by all eligible employees who do not wish to participate in the retirement system. This form is enclosed; please make copies.

**Participation Agreement/Waiver of Participation SFN 17627**: This form must be completed by all employees who work in a temporary capacity or who do not work at least 20 hours per week, 20 weeks in a year. If an employee elects to participate in this capacity, an Employee's Membership Application for Retirement SFN 2561 and a Designation of Beneficiary SFN 2560 must accompany this agreement/waiver.

The following forms are enclosed and must be completed by the employer:

**Record of Service:** We will need documentation listing all current active employees whether or not they are joining NDPERS. (Schools--exclude certified teaching staff.) Please indicate their original date of hire and their job classification (permanent, part-time, etc).

**Employer Payment Plan SFN 52799:** This form must be completed to indicate the option selected to pay the employee contributions. Prior to completing this election form, please refer to the NDPERS’ Employer Guide for rules and regulations.

The following enclosed forms are optional and must be completed if the employer has elected to participate in these programs:

**Portability Enhancement Provision (PEP) Agreement**: If you are offering a 457 and/or 403(b) deferred compensation program other than or in addition to the NDPERS deferred compensation program, please complete the enclosed PEP agreement. For further information on the PEP program and how it may benefit your employees, refer to NDPERS web site under Program Administration.

**Employer Agreement-Pretax Service Credit Purchase**: Employees that purchase service credit in the NDPERS Defined Benefit Hybrid Retirement Plan may make monthly payroll deductions on a pre-tax basis. Please review the information and the employer agreement provided in this package.

{x endblock}

{x quwhen PlanName has “3”}

**Membership Application for Retirement SFN 2561:** This form must be completed by all eligible employees that elect to participate in the retirement plan.

**Designation of Beneficiary SFN 2560:** A completed copy of this form must accompany each of the membership applications.

**Irrevocable Waiver of Participation:** This form must be completed by all eligible employees who do not wish to participate in the retirement system. Employees hired after {qu EffectiveDate} are required to participate in the plan and cannot waive participation.

The following forms are enclosed and must be completed by the employer:

**Record of Service:** We will need documentation listing all current active employees whether or not they are joining NDPERS. (Schools--exclude certified teaching staff.) Please indicate their original date of hire and their job classification (permanent, part-time, etc).

**Employer Payment Plan SFN 52799:** This form must be completed to indicate the option selected to pay the employee contributions. Prior to completing this election form, please refer to the “NDPERS’ Employer Guide” for rules and regulations.

The following enclosed forms are optional and must be completed if the employer has elected to participate in these programs:

**Portability Enhancement Provision (PEP) Agreement**: If you are offering a 457 and/or 403(b) deferred compensation program other than or in addition to the NDPERS deferred compensation program, please complete the enclosed PEP agreement. For further information on the PEP program and how it may benefit your employees, refer to the NDPERS web site under Program Administration.

**Employer Agreement-Pretax Service Credit Purchase**: Employees that purchase service credit in the NDPERS Law Enforcement Plan may make monthly payroll deductions on a pre-tax basis. Please review the information and the employer agreement provided in this package.

{x endblock}

{x quwhen PlanName has “4”}

**Participant Agreement SFN 3803** - This form is used to enroll and set up a payroll deduction for employees who enroll in the deferred compensation plan. To avoid processing delays, please have the employees complete all sections which apply to the action(s) checked in Section 1. Completed forms may be returned to the human resource/payroll office or NDPERS.

**457 Deferred Compensation Plan Quick Enrollment/Waiver:** The expedited enrollment does not require an employee to make a decision regarding amount of contribution, investment allocation, or selecting a provider company and agent. For further information on the expedited option, refer to the NDPERS web site under Program Administration.

{x endblock}

{x quwhen PlanName has “5”}

**Annual FlexComp Enrollment SFN 17759:** This form must be completed by all eligible employees that elect to participate in the flexcomp plan.

{x endblock}

To assist you, NDPERS has a training program for new authorized agents or other staff who may be responsible for program administration. The training provides instructions and assistance on forms, procedures, rules and regulations as they apply to the administration of your program. Information about your administrative responsibilities is also provided in our “Employer Guide” available on our web site at www.nd.gov/ndpers under Employer Services, Program Administration. To schedule a training session, contact NDPERS.

{x endblock}

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

{quif PlanName not "6"}

NDPERS Benefits Division

{x quwhen PlanName has “2”,”3”}

**WAIVER OF MEMBERSHIP FOR ELIGIBLE EMPLOYEES**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge as follows:

1. I am an employee of the {stdOrgName}, {stdOCAdrCorCity}, North Dakota, (hereinafter referred to as "Employer"), which Employer became a participating employer with the North Dakota Public Employees Retirement System (NDPERS) on {qu EffectiveMonth} 1, {qu Year}.

2. I am 18 or more years of age.

3. I work at least 20 hours a week for at least 20 weeks per year.

4. My position is permanent and regularly funded and not of limited duration.

5. I was given the opportunity to become a member of NDPERS at the time my Employer joined NDPERS.

6. I have refused the opportunity to join NDPERS at this time.

Signature

Date

{x endblock}