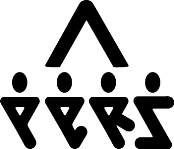
**53157-****{stdMbrPERSLinkID}**

**STATEMENT OF ANNUAL EARNINGS FOR DISABILITY ANNUITANTS**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53157 (Rev. 01-2017)

**NDPERS • 400 East Broadway • PO Box 1657 • Bismarck • North Dakota 58502-1657**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART A PARTICIPANT IDENTIFICATION** (Must be completed by member) | | | | | |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | | | NDPERS Member ID {stdMbrPERSLinkID} | | |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | | Date of Birth (mm/dd/yyyy) {stdMbrDateOfBirth} | | |
| **PART B TIME PERIOD CERTIFYING** (To be completed by NDPERS ONLY) | | | | | |
| Start Date (mm/yyyy)  { IncomeVerificationStart} | | | End Date (mm/yyyy)  {IncomeVerificationEnd } | | |
| **PART C EMPLOYMENT VERIFICATION** (To be completed by member) | | | | | |
| No, I have NOT worked or earned salary for the time period listed in Part B.  Yes, I have worked and earned salary for the time period listed in Part B. | | | | | |
| **Indicate Month(s) and Gross Salary Earned (Excluding Benefits)** | | | | | |
|  | Employer Name 1  {Employer1} | Employer Name 2  {Employer2} | | Employer Name 3  {Employer3} | |
| Month / Year | Occupation | Occupation | | Occupation | |
| {tb Income} |  |  | |  | |
| **PART D MEMBER AUTHORIZATION** | | | | | |
| I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief, and subject to the law and penalties governing any misrepresentation and fraud. | | | | | |
| Member’s Signature | | | | | Date |