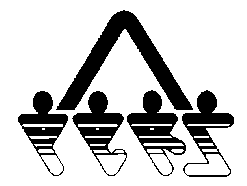
**58581-****{stdOrgCodeId}**

**NEW GROUP INQUIRY/CHECKLIST**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58581 (09-2015)

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PART A Initial Inquiry (Direct group to www.nd.gov/ndpers, Program Enrollment, for plan details) | | | | | | |
| PART B ORGANIZATION INFORMATION | | | | | | |
| New Group Transfer from Group: | | | | | | |
| Organization Name {stdOrgName} | | | Organization ID {stdOrgCodeId} | | | |
| Contact Name | | | Daytime Telephone Number | | | |
| Address | | City | | State | Zip Code + 4 | |
| PART C PLAN TYPE | | | | | | |
| Defined Benefit Hybrid Plan  Law Enforcement-With Previous NDPERS Service  Law Enforcement –Without Previous NDPERS Service | Heath Insurance:  Rate Code #:\_\_\_\_\_\_\_\_Rate Structure #:\_\_\_\_\_\_\_\_  Wellness Program: Yes No  Grandfathered: Yes No | | | | | |
| Deferred Compensation:  S= semi-monthly (2 times per month)  B= bi-weekly (every 2 weeks)  M= monthly (once per month)  **Dates of 1st Pay Period:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | Life Insurance  Flexible Compensation (Not available to Political Subdivisions)  Dental Insurance (Not available to Political Subdivisions)  Vision (Not available to Political Subdivisions) | | | | | |
| **PART D ENROLLMENT DOCUMENTS** | | | | | | |
| Enrollment Kit Mailed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(Mail by\_\_\_\_\_\_\_\_) **Enrollment Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  Eligibility Questionnaire (All Plans) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Board Resolution (All Plans) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Employer Administrative Agreement (All Plans) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  PEP Agreement (Retirement) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Record of Service (Retirement) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Notice of Appointment of Authorized Agent SFN 17029 (All Plans) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Employer Payment Election SFN 52799 (Retirement) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Employee Eligibility Report SFN 54119 (Insurance) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Employer Payment Plan SFN 54422 (Insurance) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Organization Authorization for Electronic Payment SFN 59511 (All Plans) Received:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Enrollment Complete/System Updated  Notify Provider, Wellness Coordinator, and applicable NDPERS staff  Send Authorized Agent(s) “Welcome Letter” | | | | | | Initials: |
| Initials: |
| Initials: |
| Notify Accounting when Org joins the LE Plan with Prior Service for Asset Transfer (list of transfers & indicating if all of Main is transferring or not. If no, what months of service credit are transferring) | | | | | | Initials: |

NEW GROUP INQUIRY/CHECKLIST

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**INSTRUCTIONS**

**Part A Initial Inquiry**

Enrollment information is located on the NDPERS Website under “Program Enrollment”. Direct the person to obtain and read the information provided and either follow the instructions or call with further questions. If the person prefers the NDPERS send the inquiry information via mail, check appropriate box. Mail date will be entered later.

**Part B Organization Information**

Request the organization’s formal name and the primary contact person.

Enter organizational ID if the department is already enrolled or was enrolled in another plan. Look up organization name to determine. (If not already enrolled, have organization setup with a pending status)

**Part C Plan Type**

Check which plan(s) the person is requesting enrollment information. Any additional data under Plan Type will be completed by staff member responsible for group enrollment.

**Part D Enrollment Documents**

This section is to be completed by the staff member responsible for group enrollment.

**Part E Initiated By**

This section is to be completed by the staff member who received the initial request.