



**VERIFICATION OF PRESENT EMPLOYMENT FOR PERSON TRANSFERRING TO
TIAA-CREF COVERED EMPLOYMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 18742 (Rev. 07-2010)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

PART A EMPLOYEE INFORMATION		
Name (Last, First, Middle)	NDPERS Member Id	
Last 4 digits of Social Security Number	Date of Birth	
Organization	NDPERS Organization Id	
PART B VERIFICATION OF PRESENT EMPLOYMENT (TO BE COMPLETED BY EMPLOYER)		
Period of eligible service with NDPERS with above Employer only	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)
	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)
Period of absence from payroll of present employer during above service	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)
	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)
<p>*ELIGIBLE SERVICE MUST MEET THE FOLLOWING RULES:</p> <p>1) EMPLOYED BY A PARTICIPATING EMPLOYER,</p> <p>2) ATTAINED AGE 18,</p> <p>3) POSITION IS PERMANENT,</p> <p>4) WORKED AT LEAST 20 HOURS PER WEEK FOR AT LEAST 5 MONTHS PER YEAR.</p>		
PART C EMPLOYER AUTHORIZATION		
This certifies that the above mentioned employee is currently in an eligible position for coverage under TIAA-CREF and has been since (Month) _____ (Year) _____.		
I certify that to the best of my knowledge and belief that the statements made above are full, true, and correct, and reflect the dates as contained in our records.		
_____		_____
Signature of Authorized Agent		Date of Signature