



## NOTICE OF CHANGE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 10766 (Rev. 03-2007)

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.]

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<b>PART A MEMBER INFORMATION</b>					
Name (Last, First, Mi)			Social Security Number		
Department Name		Dept Number		Daytime Telephone Number	
<b>PART B PLAN INFORMATION</b> (Check all the plans the employee is currently participating in)					
<u>Group Insurance</u> <input type="checkbox"/> Health Insurance <input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage <input type="checkbox"/> PERS Dental; Current Dental Premium \$ _____ <input type="checkbox"/> PERS Vision; Current Vision Premium \$ _____ <input type="checkbox"/> PERS Life Insurance <input type="checkbox"/> PERS Long Term Care		<u>Retirement</u> <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> TFFR <input type="checkbox"/> Job Service		<u>Other Plans</u> <input type="checkbox"/> Deferred Compensation (457/403(b))  <input type="checkbox"/> PERS Flex Comp (125)	
<b>PART C ADDRESS CHANGE</b>			Effective Date of Change		
New Address			Former Address		
Address			Address		
City	State	Zip Code + 4	City	State	Zip Code + 4
<b>PART D NAME CHANGE</b>			Effective Date of Change		
Former Name (Last, First, Mi)					
New Name (Last, First, Mi) (Your permanent record will be created as indicated in this box)					
<b>PART E CHANGE OF MARITAL STATUS</b>			Effective Date of Change		
<u>Change in Marital Status</u> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legal Separation <input type="checkbox"/> Widowed Spouse's Name _____					
<b>COMPLETE APPLICABLE GROUP INSURANCE APPLICATION(S) &amp; DESIGNATION OF BENEFICIARY(IES)</b>					
<b>PART F AUTHORIZATION</b>					
To the best of my knowledge and belief, the information that I have provided on this form is correct.					
_____ Signature of Member or Authorized Agent			_____ Date		

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

## INSTRUCTIONS

### **Part A Member Information**

Enter member's current name, social security number, department name, department number, and day time telephone number.

### **Part B Plan Information**

Indicate ALL the plans member participates in through your agency.

### **Part C Notice of Address Change**

Enter effective date.

Enter member's former address and new address.

### **Part D Notice of Name Change**

Enter effective date.

Enter member's former name and new name. Use full name, including middle name.

### **Part E Notice of Marital Status Change**

Enter effective date.

#### Change in Marital Status

This section may be used for any member's marital status change, whether there is a change or not. In cases of marital status change, it is necessary that the member complete new designations of beneficiary. *(Designation for the Group Retirement Plan SFN 2560 and/or Group Life Application)*

### **Part F Authorization**

Either the employer's authorized agent or the member must sign SFN 10766 to be valid