



NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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COMPLETE AND SEND TO NDPERS TO RECEIVE A BENEFIT ESTIMATE

PART A PARTICIPANT IDENTIFICATION
Name:
NDPERS Member ID:
Last Four Digits of Social Security Number:
Date of Birth:
Organization:
Daytime Phone:
PART B RETIREMENT PROJECTION (PLEASE LIMIT TO 2 PROJECTIONS)
<input type="checkbox"/> Early Retirement <input type="checkbox"/> Normal Retirement <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Other –Specify Date: _____
PART C SICK LEAVE CONVERSION (PURCHASE)
(LEAVE BLANK IF CONVERSION IS NOT DESIRED)
Number of hours of accumulated unused sick leave _____