



**VERIFICATION OF EMPLOYEE CONTRIBUTIONS TOWARDS USERRA ACTIVE
MILITARY DUTY**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 54361 (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 PARTICIPANT INFORMATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Dates of USERRA Covered Military Service	From (day/month/year): To (day/month/year):
<p>I have made written application to my employer requesting a refund of all or a portion of the employee contributions that I paid towards obtaining service credit for USERRA - covered active military duty. I am eligible for this refund due to NDCC 39-03.1-10.3; 54-52-17.14; or 54-52.6-09.4, which I have reviewed and understand. I authorize my employer and NDPERS to share information regarding payments made towards the employee contributions for the administration of this provision.</p> <p>Signature of Member: _____ Date: _____</p>	
PART B EMPLOYER INFORMATION	
<p>The above employee has made written application to us requesting a refund of employee contributions paid by the individual towards obtaining service credit for USERRA - covered active military duty. A copy of this application is attached. According to the provisions of NDCC 39-03.1-10.3; 54-52-17.14; or 54-52.6-09.4, had the individual not been activated, we would have paid all or a portion of the monthly employee contributions on behalf of the member. Therefore, we are asking NDPERS to verify the amount of contributions paid towards this eligible service so that we can refund this amount to the employee. We also understand that if any additional funds are necessary to complete the purchase of eligible USERRA covered service, NDPERS will bill us for this amount, which we must submit.</p> <p>To assist NDPERS with determining if the provisions of NDCC 39-03.1-10.3; 54-52-17.14; 54-52.6-09.4 apply to the individual, answer the following questions:</p> <p>1. Had the employee not been activated, would the employer have paid any or all of the required 4% employee contribution on behalf of the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, what percent (of 4%) would have been paid by the employer? _____.</p> <p>3. Does this apply to the entire time period that the individual was on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If no, indicate the specifics regarding when the payment option was changed by the employer. _____.</p> <p>Signature of Authorized Agent: _____ Date: _____.</p>	
PART C NDPERS VERIFICATION	
The above employee has submitted \$ _____ towards the purchase of USERRA covered active military service.	
Amount of employee contributions required to be paid by employee based on NDCC 39-03.1-10.3; 54-52-17.14; 54-52.6-09.4:	Amount of employee contributions required to be paid by employer based on NDCC 39-03.1-10.3; 54-52-17.14; 54-52.6-09.4:
Verified by (NDPERS Accounting Staff):	Date of Verification:

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FILING PROCEDURE:

Original to NDPERS – Upon NDPERS Verification, a copy will be returned to the member and the employer.

Instructions:

- Part A. Member must complete all requested information. Member signature required.
- Part B. Employer must complete all requested information. Signature of Authorized Agent required.
- Part C. NDPERS Accounting Staff will research member record and provide detail regarding payments submitted to NDPERS for this service. Upon completion, a copy will be returned to the member and to the employer.