



ESTIMATED BENEFIT PAYMENT REQUEST
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 59058 (Rev. 01-2010)

59058

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

PART A PARTICIPANT IDENTIFICATION	
Name (Last, First Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth

PART B BENEFIT ESTIMATE PARAMETERS

Benefit Option:

Single Life Normal Retirement (Judge & Highway Patrol)

50% Joint Survivor/Life 100% Joint Survivor/Life

10 Year Term Certain/Life 20 Year Term Certain/Life

Social Security Level Income: Indicate age when benefits will begin: _____ SSA Benefit: \$ _____

Health Insurance: Single Family of 2 Family of 3 or more **Medicare:** No Yes, # of policies _____

Life Insurance:

Basic Life (\$1,300) Supplemental Life: \$ _____ .00 Dependent Life: \$ _____ .00

Spouse Supplemental Life: \$ _____ .00

Dental: Retiree Only Retiree + Spouse Retiree + Child(ren) Retiree + Family

Vision: Retiree Only Retiree + Spouse Retiree + Child(ren) Retiree + Family

Long Term Care Premium: \$ _____

Federal Income Tax:

1. I elect NOT to have federal income tax withheld.

2a. I want federal income tax withheld from each periodic pension payment which is figured **by using the number of allowances and marital status** shown below: (You may also designate an additional amount on line 2b.)

Step 1: Check marital status: Single Married Married, but withholding at the higher Single rate

Step 2: Enter number of allowances → _____

2b. I want the following additional amount withheld. \$ _____

3. I want the following **flat** amount withheld \$ _____

North Dakota State Income Tax:

1. I elect NOT to have ND State income tax withheld.

2a. I want ND State income tax withheld from each periodic pension payment which is figured **by using the number of allowances and marital status** shown below: (You may also designate an additional amount on line 2b.)

Step 1: Check marital status: Single Married Married, but withholding at the higher Single rate

Step 2: Enter number of allowances → _____

2b. I want the following additional amount withheld. \$ _____

3. I want the following **flat** amount withheld \$ _____

PART A PARTICIPANT INFORMATION

For member identification, please provide all requested information.

PART B BENEFIT ESTIMATE PARAMETERS

Benefit Option:

Select the option you have elected to draw your retirement benefits under.

Health Insurance:

If you elect to continue or apply for NDPERS group health insurance coverage, select level of coverage. If you or any member on the policy is or will be eligible for Medicare, please indicate the number of people.

Life Insurance:

If you elect to continue your NDPERS life insurance coverage, select the level of coverage.

If you are under age 65, you may either maintain the same level(s) of coverage you had as an active employee or elect to decrease or discontinue your level(s) of coverage. You cannot increase any coverage levels, apply for coverage you are not participating in at the time of retirement, nor are you eligible for the annual enrollment. If you are age 65 or older, you may only maintain the basic level of coverage.

Dental Insurance:

If you elect to continue or apply for NDPERS group dental insurance coverage, select level of coverage.

Vision Insurance:

If you elect to continue or apply for NDPERS group vision insurance coverage, select level of coverage.

Long Term Care Premium:

If you elect to continue or apply for NDPERS group long term care insurance, indicate the total premium you will be paying.

Federal and North Dakota State Income Tax Sections:

Your benefits from NDPERS are subject to federal and state income tax withholding. If you choose not to have tax withheld or do not have enough tax withheld, you may have to make additional tax payments to the Internal Revenue Service (IRS). You may be subject to penalties if your payments of estimated tax and withholding are not sufficient.