



APPLICATION FOR REFUND OR DIRECT ROLLOVER

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53879 (Rev. 11-2015)

**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	
Organization Name		NDPERS Organization ID	
PART B NOTICE TO MEMBER			
Please read the "Special Tax Notice Regarding Plan Payments" before continuing. Under Federal law, NDPERS is required to provide this information a minimum of 30 days prior to a distribution . This may affect the date of your refund/rollover.			
To be eligible for a refund/rollover, you must terminate your employment and be off the payroll of a covered employer for at least 31 days. Transfers of employment between state agencies or participating political subdivisions are not entitled to a refund/rollover.			
DEFINED BENEFIT PLAN: Processing will take approximately 60-90 days from your last regular paycheck-Subject to Federal & ND State laws.			
DEFINED CONTRIBUTION PLAN: Processing will take approximately 45-60 days from your last regular paycheck-Subject to Federal & ND State laws.			
By receiving a refund/rollover, you forfeit all service credit to the date of the distribution, as well as any retirement or disability benefits, and any non-vested employer contributions attributable to that service credit.			
Defined Benefit Plan:		Complete Part C and Part E	
Defined Contribution Plan:		Complete Part D and Part E	
PART C DEFINED BENEFIT PLAN			
APPLICATION FOR REFUND			
<input type="checkbox"/> Check this box if you wish to elect a refund payable you. Federal income tax, at the rate of 20%, will be withheld from the taxable portion of your refund you minus 20% for Federal income tax. If you wish your refund to be directly deposited into a bank account, complete Authorization for Direct Deposit SFN 18379.			
Please indicate if you want NDPERS to withhold North Dakota State income tax. If you DO NOT indicate your preference, ND State income tax will be <u>automatically withheld</u> . After a refund check is issued, any adjustments to Federal or State income tax paid is the responsibility of the taxpayer. Check One:			
		<input type="checkbox"/> Yes- Withhold North Dakota State Income Tax <input type="checkbox"/> No – DO NOT Withhold North Dakota State Income Tax	
APPLICATION FOR DIRECT ROLLOVER			
<input type="checkbox"/> Check this box if you wish to have a direct rollover of your account.			
Please have a letter of acceptance forwarded to NDPERS from the financial institution. If any portion of your rollover includes non-taxable income, then the letter of acceptance is required before your request will be processed.			
Make check payable to (Financial Institution)		Member's Account Number with Financial Institution (if available)	
Mailing Address of Financial Institution		City	State Zip Code + 4
Portion to be rolled over: (If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated financial institution and mail any non-taxable income directly to you). <input type="checkbox"/> All of my taxable income <input type="checkbox"/> All of my taxable & non-taxable income <input type="checkbox"/> ___% of my Account <input type="checkbox"/> \$_____ of my Account			
My NDPERS benefits are being rolled into (choose one; required):			
		<input type="checkbox"/> Employer Sponsored Plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	
PART D DEFINED CONTRIBUTION PLAN			
<input type="checkbox"/> Check this box if you wish a lump sum distribution of your account. A TIAA-CREF Distribution Form MUST be completed and submitted with this form.			
PART E AUTHORIZATION			
I elect to receive a distribution of retirement funds as indicated above. I have read and understand the "Safe Harbor Tax Notice Regarding Plan Payments" and the information provided in PART B.			
_____		_____	
Member Signature		Date Signed	

PART A PARTICIPANT IDENTIFICATION

For member identification, complete all requested information.

PART B NOTICE TO MEMBER

Read this section carefully! This section contains important information that you need to know before making a payment election.

PART C DEFINED BENEFIT PLAN

REFUND:

1. You may elect and authorize a refund payment by checking.
2. Refunds are subject to Federal and ND State income tax. NDPERS is required to withhold Federal income tax; however, you may authorize NDPERS to withhold ND State income tax from your refund payment. If no preference is indicated, NDPERS will automatically withhold 3.92%. After a refund check is issued, any adjustments to Federal or State income tax paid will be your responsibility.

Authorization for Direct Deposit

If you wish to have your refund payment deposited directly into a checking or savings account, **you AND your financial institution** must complete and return the Authorization for "Direct Deposit for Refunds SFN 18379" by the 10th of the month prior to the month in which payment will be made. Direct deposits received after the 10th will be delayed and effective one month later.

When completing the Authorization for Direct Deposit for Refunds, please follow the instructions on the back of the form.

DIRECT ROLLOVER:

1. You may elect and authorize a direct rollover payment by completing this section. Please be sure to complete **ALL** boxes/blanks.
2. Enter the name of the plan or financial institution accepting the direct rollover (**i.e. who the check should be made payable to - who will endorse the check**). Please have your plan or financial institution forward a letter of acceptance of funds to NDPERS. If any portion of your rollover is non-taxable income, this will be required before your rollover is completed.
3. Enter your account number with the plan or financial institution where your funds are being rolled over to.
4. Enter the full mailing address to which the direct rollover payment should be mailed. **DO NOT LIST YOUR PERSONAL MAILING ADDRESS: NDPERS CAN NOT SEND A DIRECT ROLLOVER TO A MEMBER'S HOME.**
5. Indicate how much of the income should be directly rolled over. If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated financial institution and mail any non-taxable income directly to you.
6. Check if your retirement fund is being rolled over into an employer sponsored plan, traditional IRA, or Roth IRA

NOTE: NDPERS does not have the capability to wire transfer/direct deposit of direct rollovers.

PART D DEFINED CONTRIBUTION PLAN

You may elect and authorize a lump distribution by checking the box. **A TIAA-CREF Distribution Form MUST be completed and submitted with this form to elect a refund or direct rollover.**

PART E AUTHORIZATION

You must sign and date this section for the form to be valid

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Revised 12/2014

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the North Dakota Public Employee's Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section. **Please note that all references to spouse in this notice are references to the term spouse according to the federal law, which defines spouse as any lawfully married spouse, same or opposite sex.**

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Corrective distributions of contributions that exceed tax law limitations

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after

you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

You can elect to rollover after-tax contributions to an IRA or another employer plan that will accept the contributions. If your rollover includes after-tax contributions, NDPERS will require a letter of acceptance from the financial institution that the rollover is to be sent to. **The letter of acceptance must indicate that they will accept the after-tax portion of the rollover.** You may also want to request information from the financial institution regarding how the record-keeping for the funds will be handled once the funds are deposited.

If NDPERS does not receive this letter of acceptance within 6 months from the date your rollover application is received, NDPERS will process the rollover by sending the taxable portion to the financial institution and the after-tax contributions to you at your mailing address.

After-tax contributions included in a payment are not taxed. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover or a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in:

IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.



AUTHORIZATION FOR DIRECT DEPOSIT FOR ANNUITY PAYMENTS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 18379 (Rev. 05-2016)

**NDPERS • 400 East Broadway, Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

PART A PARTICIPANT IDENTIFICATION & AUTHORIZATION

Name (Last, First, Middle)	NDPERS Member ID
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Last Four Digits of Social Security Number	Date of Birth
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I authorize the following amount to be deposited to the Financial Institution indicated in Part B of this authorization:

Amount of Benefit to be Deposited: 100% _____ % \$ _____

I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) of my retirement benefit(s) into my account as indicated below. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

I authorize NDPERS to initiate, a reversal or debit entry for all or any portion of any credit entry made in error by NDPERS to the designated account, including but not limited to amounts transferred after my death. If the funds remaining in the designated account are insufficient to fully reimburse NDPERS for any credit entry made in error subsequent to my death, I authorize my financial institution to release to NDPERS any information in its possession regarding the manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error.

I authorize my financial institution to notify NDPERS of my death.

This authorization will remain in effect until I notify NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it.

I agree to the terms listed on this authorization.

_____ Signature of Annuitant/Payee

_____ Date

PART B FINANCIAL INSTITUTION INFORMATION

Type of Account & Account Number:

Checking Account Number: _____

Savings Account Number: _____

**Attach a Voided Check Here for Checking Account
(Deposit slips will not be accepted)**

INSTRUCTIONS AND CONDITIONS

IMPORTANT NOTICE - This form is to be used only for North Dakota Public Employees Retirement System Benefit Payments.

You must complete this form to authorize NDPERS to send your retirement benefit payment(s) to your financial organization for deposit into your savings or checking account. NDPERS will forward these payments to the point you authorize. The financial organization may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

THIS FORM DOES NOT AUTHORIZE INSURANCE PREMIUM WITHDRAWALS FROM YOUR ACCOUNT.

PART A PARTICIPANT IDENTIFICATION & AUTHORIZATION

- For member identification, please provide all requested information.
- Check if you want 100% or a portion of your benefit to be direct deposited in the financial institution indicated in Part B.
- Check the type of account and print account number for the account in which this payment is to be deposited.
- Sign and date the form.

PART B FINANCIAL INSTITUTION SECTION

Attach a voided check if checking account; if not attached, your authorization form premium deduction will be returned.

CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

FINANCIAL INSTITUTION

Immediate credit will be given the first working day of each month through your correspondent bank account at the Bank of North Dakota.



CONTINUATION OF GROUP INSURANCE COVERAGE (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 14120 (Rev. 05-2016)

14120

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

PART A APPLICANT INFORMATION

Name (Last, First, Middle)		Applicant's NDPERS Member Id	
Last Four Digits of Social Security Number		Date of Birth	
Address	City	State	Zip Code + 4
Relationship to current contract holder <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Dependant	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Telephone Number	
Name of current contract holder: (Last, First, Middle)		NDPERS Member Id	

PART B QUALIFYING COBRA EVENT

<input type="checkbox"/> Termination of current contract holder	<input type="checkbox"/> Married	Date of Event:
<input type="checkbox"/> Divorce from current contract holder	<input type="checkbox"/> Attained Age 26	
<input type="checkbox"/> Death of current contract holder	<input type="checkbox"/> Contract holder entitled to Medicare	

Select the coverage(s) to be continued, check level of coverage and list covered individuals.

<input type="checkbox"/> Health Insurance:	<input type="checkbox"/> Self Only	<input type="checkbox"/> Family	<input type="checkbox"/> Waive
<input type="checkbox"/> Dental Insurance:	<input type="checkbox"/> Self Only	<input type="checkbox"/> Family	<input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Child(ren) <input type="checkbox"/> Waive
<input type="checkbox"/> Vision Insurance:	<input type="checkbox"/> Self Only	<input type="checkbox"/> Family	<input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Child(ren) <input type="checkbox"/> Waive

Below list all eligible covered individuals for the plan listed above. Attach separate sheet if more room is needed. 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. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

Name (Last, First, Middle)	Relationship to Employee	Gender	Date of Birth	Social Security Number
	Self			
	Spouse			

PART C PAYMENT METHOD

PAYMENT OPTION Withhold from bank account (Complete Authorization for Automatic Premium Deduction SFN 50134)

If a payment option is not elected, you will be billed for the premium due and will have 45 days from the date of this election to make your initial premium payment. Your continuation coverage will not be effective until the initial premium payment is received. NDPERS bills the 20th of each month for the following month's coverage. Your payment is due the 1st of the month. **Failure to remit your premium by the due date will result in loss of insurance coverage.**

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request must be submitted. The request must provide the contract holder's name, last four digits of social security number, NDPERS Member Id and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

PART D APPLICANT AUTHORIZATION

I have read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may constitute a fraudulent act or intentional misrepresentation and may void or retroactively cancel any benefit issued based on this application.

Signature of Applicant

Date of Signature

PART A APPLICANT INFORMATION

For applicant identification, please provide all requested information.

PART B QUALIFYING COBRA EVENT

- Check the box that describes the event that qualifies you for continuation coverage.
- Indicate the group insurance plan(s) you are electing for continuation coverage.
- Check the level of coverage. If you are not applying for the coverage, check the waive box.
- List all covered individuals. You may elect continuation coverage for only those family members that were covered on the plan at the time of the qualifying event.

PART C PAYMENT METHOD

If you check withhold from bank account, you must complete an Authorization for Automatic Premium Deduction SFN 50134. If a payment option is not elected, you will be billed for the premium due and will have 45 days from the date of this election to make your initial premium payment. Your continuation coverage will not be effective until the initial premium payment is received. NDPERS bills the 20th of each month for the following month's coverage. Your payment is due the 1st of the month. **Failure to remit your premium by the due date will result in loss of insurance coverage.**

PART D APPLICANT AUTHORIZATION

You must sign and date this form for it to be valid.

ORIGINAL TO NDPERS – PLEASE RETAIN A COPY FOR YOUR RECORDS

LIFE CONVERSION INFORMATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN
A member of the Voya® family of companies
PO Box 20, Minneapolis, MN 55440



Instructions

Employer/Plan Administrator: This form should be completed and furnished to every person who has the conversion right.

Employee/Member/Owner (person requesting information): Complete the employee/member/spouse/children section and mail to the insurer at the address shown below within 31 days (see the certificate for applicable time period) of the date of termination of group coverage.

TO BE COMPLETED BY EMPLOYER/PLAN ADMINISTRATOR

Group Policyholder/Plan Name _____ Policy Plan Number _____

Account Number _____ Group Situs _____

Employee/Member Name (Last, First, MI) _____

Birth Date _____ SSN _____

Is employee/member disabled? Yes No If "Yes," give disability date. _____

Does policy have waiver provision? Yes No Was ownership assigned? Yes No

Initial Insurance Effective Date (with ReliaStar) _____ Employment Termination Date (if applicable) _____

Insurance Termination Date (DO NOT include grace period.) _____

COVERAGE TERMINATING

	Basic Amount	Supplemental/Voluntary Amount	Other	Total Amount Eligible for Conversion
<input type="checkbox"/> Employee/Member	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Children (each)	\$ _____	\$ _____	\$ _____	\$ _____

Reason for termination: Termination of employment Termination of group policy Reduction of coverage Retirement

Loss of Spouse/Child Status Death of Employee (list Spouse name) _____

Other (specify) _____

This form will be: Handed Mailed to Employee/Member/Owner (Date delivered or mailed.) _____

➔ Employer/Plan Administrator Signature _____ Date _____

Title _____ Company Phone (_____) _____

TO BE COMPLETED BY EMPLOYEE/MEMBER/OWNER (Do not mail this form to insurer unless top portion is completed and signed by Employer/Plan Administrator.)

Requestor Name (Last, First, MI) _____

Address _____ City _____ State _____ ZIP _____

Relationship to Employee/Member _____ Home Phone (_____) _____

➔ Signature _____ Date _____

The Group Term Life Insurance coverages are terminating as indicated above. You may be eligible to convert existing coverage(s) to an individual life policy by mailing this form within 31 days (see the certificate for applicable time period) of such termination.

Please read the Conversion section/provision in the group certificate to determine eligibility. Complete this form and mail without delay. ReliaStar will send you a description of the conversion plan, premium rates and an application form.

Important Notice: This is not an application for conversion of group life coverage. Receipt of this form does not guarantee your eligibility to convert group coverage.

IF YOU DO NOT RECEIVE INFORMATION WITHIN 21 DAYS AFTER THE DATE YOU MAILED THIS FORM, PLEASE CALL (800) 955-7736.

Please mail to: Voya Employee Benefits, Group Conversions, Route 2-N, PO Box 20, Minneapolis, Minnesota 55440-0020

Do not enclose payment with this form. Send the entire form, when completed, to the above address.

PREMIUM RATES FOR WHOLE LIFE CONVERSION POLICIES (Rates are based on annual premium per \$1,000 of insurance.)

Age	Rate	Age	Rate	Age	Rate	Age	Rate
0	7.75	25	12.30	50	38.99	75	149.65
1	7.85	26	13.03	51	41.10	76	156.19
2	7.94	27	13.90	52	43.40	77	163.12
3	8.05	28	14.55	53	45.99	78	170.47
4	8.15	29	15.22	54	48.12	79	178.35
5	8.28	30	15.93	55	50.51	80	186.88
6	8.41	31	16.64	56	53.45	81	196.19
7	8.56	32	17.40	57	56.70	82	206.38
8	8.70	33	18.20	58	59.68	83	217.63
9	8.86	34	18.49	59	63.23	84	230.06
10	9.05	35	19.09	60	67.41	85	243.87
11	9.24	36	20.22	61	72.72	86	259.20
12	9.41	37	21.68	62	77.30	87	276.26
13	9.55	38	22.67	63	82.01	88	295.24
14	9.69	39	23.76	64	86.03	89	316.37
15	9.85	40	24.84	65	90.88	90	339.83
16	10.00	41	25.06	66	96.83	91	365.89
17	10.16	42	26.14	67	103.40	92	394.78
18	10.36	43	27.30	68	108.97	93	426.76
19	10.58	44	28.40	69	114.59	94	462.09
20	10.82	45	29.79	70	120.27	95	501.05
21	10.92	46	31.48	71	125.60	96	543.91
22	11.32	47	33.38	72	131.39	97	591.02
23	11.77	48	35.17	73	137.30	98	642.62
24	11.97	49	37.05	74	143.36	99	699.09

Issued by ReliaStar Life Insurance Company, policy form RL-WL2-POL-07 (may vary by state).

Example of Calculating Premium

Currently, you have \$25,000 of basic coverage under your group policy. Your current age is 35. When that term life insurance stops, you want to convert the entire amount. You want to be billed semi-annually.

Use the following steps to calculate the premium:

1. Determine the amount of coverage you wish to convert. **\$25,000**
2. Calculate the number of thousands you wish to convert by dividing the amount from step 1 by 1,000. **\$25,000/1,000 = 25**
3. Find the rate corresponding to your age at the time of conversion. **\$19.09**
4. Multiply the number of thousands from step 2 by the rate found in step 3. **25 * 19.09 = \$477.25**
5. Find a policy fee corresponding to the amount of coverage you elected in step 1. **\$12.00**
6. Add the policy fee to the amount in step 4. **\$477.25 + 12.00 = \$489.25**
7. Multiply the amount in previous step by 0.265 for Quarterly billings, 0.515 for Semi-Annual billings, and 1 for Annual billings: **\$489.25 * 0.515 = \$251.96**

\$251.96 is your semi-annual premium amount, which you need to submit with the application.

Please note: Calculate premium separately for each proposed insured person, but submit one check.

ANNUAL POLICY FEES FOR WHOLE LIFE INSURANCE	
Converted Face Amount	Policy Fee Amount
\$1,000 – \$500,000	\$12.00
\$500,001 - \$1,000,000	\$24.00
\$1,000,001 - \$1,500,000	\$36.00
\$1,500,001 - \$2,000,000	\$48.00



Conversion of your Group Term Life Insurance Coverage

What is conversion?

If you leave your job or your hours are reduced, you and your family may lose eligibility for group term life insurance coverage through your employer or association. Conversion allows you to convert life insurance coverage to an individual whole life policy when you or your family members are no longer eligible for group coverage.

Why should I keep my life insurance coverage?

How would your loved ones be affected if you passed away and they were left without your financial resources? Would they be able to pay their everyday expenses or would they need to make sacrifices? Below are a few examples of how life insurance benefits could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children's education

What kind of conversion insurance plan is this?

It is referred to as an individual "non-participating" whole life insurance policy.¹ The individual whole life policy has a guaranteed cash value, which is a cash account that gradually builds as you pay premiums. You may be able to use this money at a later time for emergencies or temporary needs.

Why should I convert my coverage?

- When you convert your coverage, you will lock in your premium payments when the new policy is issued – you will pay the same rate for life with no increases in premium due to age or health²
- The whole life policy is payable to age 121
- You do not need to provide proof of good health when converting your coverage

Will my coverage amounts stay the same?

When no longer eligible for coverage under the group policy you may convert coverage for yourself, your spouse and your children. You may convert any amount up to the amount you previously held. Any additional benefits such as Waiver of Premium, Accidental Death and Dismemberment or Accelerated Death Benefit will not be converted.

How do I convert my coverage?

Simply send in your Life Conversion Information Request Form to request an application within 31 days following the date any part of your group life insurance ends.

What is the time period for conversion?

You must return the conversion application and pay the first premium within 21 days of the date the conversion packet was mailed to you.



Request an application today!

The offer to convert your coverage will expire in 31 days



Return your Life Conversion Information Request Form to request an application and take advantage of a fixed whole life insurance rate for life! Please refer to your Life Conversion Information Request Form for a copy of conversion rates and fees.

¹Minnesota employees may have the option of electing term life continuation in place of this conversion; contact your employer for more information.

²Your cost includes an annual policy fee based on the amount of coverage you choose to convert.

Insurance products are underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401

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151671 02/15/2015

IMPORTANT NOTICE - This form is to be used only for North Dakota Public Employees Retirement System Group Insurance Deductions. **THIS FORM ONLY AUTHORIZES DEDUCTIONS FROM YOUR ACCOUNT.**

INSTRUCTIONS AND CONDITIONS

If you wish to have your monthly insurance premiums deducted from your savings or checking account, you must complete this form to authorize this action. The North Dakota Public Employees Retirement System will deduct these premiums to the point you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

PART A PARTICIPANT IDENTIFICATION

For member identification, please provide all requested information.

PART B MEMBER AUTHORIZATION

Check the type of insurance premium(s) you are requesting to be withheld from your bank account. Sign and date the form.

PART C FINANCIAL INSTITUTION

Attach a voided check; if a voided check is not attached, your authorization form premium deduction will be returned.

CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

The form is due back in our office by the 15th of the month prior to the month you want to begin your premium deduction



ELECTION TO CONTINUE YOUR LONG TERM CARE INSURANCE COVERAGE

Mail to: Unum Life Insurance Company of America
LTC Customer Services
2211 Congress Street
Portland, Maine 04122

Policy Number:

TO BE COMPLETED BY THE EMPLOYER

Company Name _____ Plan Number _____

Company Data:

Street _____ City _____ State/Zip _____

Company Address:

Last Name _____ First Name _____ Middle Initial _____

Employee Name:

Date of Birth _____ Social Security Number _____ Male

Employee Data:

Female

Person terminating group coverage:

Name(s) _____ Employee

Employee's Spouse or Domestic Partner (if applicable)

Reason person is terminating group coverage: Termination of Employment Death of Spouse or Domestic Partner

Divorce Other

Date group coverage terminates:

Month _____ Day _____ Year _____

Current monthly premium payment:

Employee \$ _____ /month Spouse \$ _____ /month

Signature of Employer:

Date:

TO BE COMPLETED BY THE EMPLOYEE

If you are an insured employee, you may be eligible to continue your long term care insurance coverage after your group coverage terminates. If you wish to continue your coverage, please complete this form and return it to the insurer at the address listed above. This form must be completed and returned within the time period specified in your certificate. **You will be responsible for the entire cost of your coverage.** Unum will mail bills to you at the address you provide below.

Street _____ City _____ State/Zip _____ Telephone _____

Mailing Address:

Monthly _____ Quarterly (Paper) _____ Semi-Annually (Paper) _____ Annually (Paper) _____

Payment Options: Automatic payment via checking account (3x monthly rate) (6x monthly rate) (12x monthly rate)

Signature of Employee:

Date:

TO BE COMPLETED BY THE EMPLOYEE'S SPOUSE OR DOMESTIC PARTNER (IF APPLICABLE)

If you are the insured spouse or domestic partner or former spouse or domestic partner of the above employee, you may be eligible to continue your long term care insurance coverage after your group coverage terminates. If you wish to continue your coverage, please complete this form and return it to the insurer at the address listed above. This form must be completed and returned within the time period specified in your certificate. **You will be responsible for the entire cost of your coverage.** Unum will mail bills to you at the address you provide below.

Last Name _____ First Name _____ Middle Initial _____

Name:

Street _____ City _____ State/Zip _____ Telephone _____

Mailing Address:

Date of Birth _____ Social Security Number _____ Male

Female

Monthly _____ Quarterly (Paper) _____ Semi-Annually (Paper) _____ Annually (Paper) _____

Payment Options: Automatic payment via checking account (3x monthly rate) (6x monthly rate) (12x monthly rate)

Signature of Employee's Spouse/Domestic Partner:

Date:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Information About Continuing Your Long Term Care Insurance Coverage

Should The Certificate Of Insurance Be Kept?

If you elect to continue your long term care coverage, you will not receive a new Certificate of Insurance. You should keep the Certificate of Coverage that was issued to you under the group plan.

Can Coverage Be Changed?

You may apply at any time to increase coverage by filling out a new application, which includes evidence of insurability. Call Unum at (800) 227-4165 for assistance.

Where Should Premium Payments Be Sent?

You must remit all premium payments directly to Unum. The address is:
Unum Life Insurance Company of America
P.O. Box 406933
Atlanta, Georgia 30384-6933

Your Certificate of Coverage sets forth in detail the rights and obligations of both you and the insurer. Please refer to your Certificate for more information including the number of days in your grace period, how long Unum will continue to pay for long term care benefits and when your coverage will terminate.

**PROTECTION AGAINST UNINTENTIONAL LAPSE
ADDITIONAL DESIGNATION
GROUP LONG TERM CARE INSURANCE**

Your Name: _____

Your Social Security Number: _____

Policyholder's Name: _____

Policy Number: _____

You, the insured, will receive notice if any coverage for which you are required to pay the cost is about to terminate because you have not paid the required premiums.

You are required to provide your insurer with a written designation of at least one person, in addition to you, who is to receive the notice of cancellation of your coverage for nonpayment of premium OR sign a waiver electing not to designate a person. You have the right to change these designations. Designation does not constitute acceptance of any liability on the part of the designated person or persons for services provided to you. The designated person or persons will not receive the notice until 30 days after the premium is due and unpaid.

My designations are as follows:

Name: _____

Address: Street/P.O. Box: _____ City, State, Zip Code: _____

Name: _____

Address: Street/P.O. Box: _____ City, State, Zip Code: _____

Insured's Signature: _____ Date: _____

**WAIVER ELECTING NOT TO NAME AN ADDITIONAL DESIGNATION
FOR PROTECTION AGAINST UNINTENTIONAL LAPSE**

I understand that I have the right to designate at least one person, other than myself, to receive notice of lapse or termination of this long term care insurance policy for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. **I elect NOT to designate any person to receive such notice.**

Insured's Signature: _____ Date: _____

Please return this form to:
Group Long Term Care
Unum Life Insurance Company of America
2211 Congress Street, Portland, Maine 04122

New Jersey and New York Residents – Age 62 and older: Per New Jersey insurance code C.17:29C-1.2 and §3111 of the New York Insurance Laws, this form shall be delivered to Unum by certified mail, return receipt requested along with the completed Designee Acceptance form (on the back page of this form). Your Designee(s) must accept in writing that they are willing to receive copies of notices of cancellation, non-renewal and conditional renewal from us.

Please retain a copy of this form for your records

**DESIGNEE ACCEPTANCE
LONG TERM CARE INSURANCE**

This form needs to be completed by the Designee, if the named Insured is age 62 or over and a resident of New Jersey or New York.

Insurance Applicant: Please complete this section prior to sending this form to your Designee for signature.

Insured's Name: _____

Policy Number: _____

Prior to issuing a long term care policy; the Insured is required to provide the insurer with a written designation of at least one person, who is to receive the notice of cancellation of this policy for nonpayment of premium, in addition to the insured OR sign a waiver electing not to designate a person. You have been listed as one of the designees. Designation does not constitute acceptance of any liability on the part of the designated person or persons for services provided to the insured.

You must accept in writing that you are willing to receive copies of notices of cancellation, non-renewal and conditional renewal from the insurer. Should you desire to terminate the status as a third party designee, you shall provide written notice to both the insurer and the insured.

Designee's Signature: _____

Print Name: _____

Date: _____

Please retain a copy of this form for your records



CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53512 (REV. 01-2014)

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

PART A PARTICIPANT/QUALIFIED BENEFICIARY INFORMATION

Name (Last, First, Middle)	PeopleSoft Employee ID (Required)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth	

PART B CONTINUATION OF COVERAGE ELECTION / WAIVER

If you elect Medical Spending Continuation coverage, it will be in effect to the end of the current plan year, or December 31.

Do you wish to continue your current participation in the NDPERS Flexcomp Plan Medical Spending Account? Yes No

- I wish to pre-pay the premium through the end of the plan year with pre-tax dollars deducted from my final pay checks.
- I will pay the premium plus a 2% administration fee with after-tax dollars through the remainder of the plan year.

PART C AUTHORIZATION OF APPLICANT

I have read the information in its entirety, **including the back page**, and agree to abide by the terms of the Plan Document. I certify, under penalties of perjury, that the information submitted on this form is true, correct and complete.

 Applicant's Signature

 Date of Signature



Entitlement to COBRA Coverage

Under provisions of the Internal Revenue Service (IRS) COBRA regulations, you have the opportunity to extend your participation in the Medical Spending Account to the end of the current plan year.

The employer has the responsibility to notify NDPERS of a participant's death, termination, or reduction in hours of employment.

Qualified Beneficiaries Your spouse or dependent(s) may elect to continue coverage in a medical spending account under the following circumstances:

1. Participant's death.
2. Divorce or legal separation.
3. A dependent child ceases to be a "dependent child" under the group health plan.

If you elect COBRA continuation, your premium payment will be based on the annual election amount in existence at the time of the qualifying event.

Under the law, it is the responsibility of the person seeking continuation coverage to inform NDPERS of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event. If you are interested in COBRA continuation coverage, contact NDPERS for more information.

Length of COBRA Coverage

You, your spouse or dependent(s), are eligible to receive continuation coverage until the end of the plan year, or December 31, in which the qualifying event occurred. If you have paid your premium through the end of the year on December 31 and have a balance in your account, you have the option to have eligible expenses incurred during the "grace period", from January 1 through March 15 of the new plan year, reimbursed from that remaining balance. You will have until April 30 to submit claims. Any amount remaining in your medical spending reimbursement account after the April 30 claims filing deadline is forfeited.

COBRA Coverage Premiums

Employees who elect COBRA continuation coverage are permitted to pre-tax the COBRA premium and pre-pay the premium through the end of the current plan year from their final paychecks.

To pay the premium with after-tax dollars throughout the plan year, submit the premium amount plus a two percent (2%) administrative fee by the first of each month. If you fail to pay the premium on time, your coverage will terminate on the last day of the month for which a contribution was received.

Continuation coverage under COBRA is provided subject to your eligibility. NDPERS reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage.

You will have 60 days from the date of this notice to inform NDPERS that you want continuation coverage.

IF YOU DO NOT RETURN THIS ELECTION FORM WITHIN 60 DAYS OF THE DATE OF THIS NOTICE YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE