



HIGHWAY PATROL RETIREMENT MEMBERSHIP APPLICATION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 16914 (Rev. 10-2007)

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. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

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

PART A MEMBER INFORMATION (Your permanent record will be created as indicated in PART A)			
Name (Last, First, Mi)		Social Security Number	
Maiden Name, if Applicable	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MO/DAY/YR)
Mailing Address	City	State	Zip Code +4
Spouse's Name (Last, First, Mi)		Spouse's Social Security Number	
Spouses' Maiden Name, if Applicable	Spouse's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Spouse's Date of Birth (MO/DAY/YR)
PART B TO BE COMPLETED BY MEMBER			
Section 1:	Are you covered under: <input type="checkbox"/> Teachers Fund for Retirement (TFFR) <input type="checkbox"/> Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF) <input type="checkbox"/> N/A		
Dates:	Employer:		
PART C MEMBER AUTHORIZATION			
In accordance with the requirements of the North Dakota Highway Patrol, I make application for enrollment under the plan. I understand that my membership will become effective immediately or at the attainment of age 18.			
I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentation and fraud.			
_____		_____	
Member's Signature		Date of Signature	
PART D TO BE COMPLETED BY EMPLOYER			
Name of Participating Unit		Department Number	
Address of Participating Unit (Street or Box)		City	State Zip Code + 4
Membership Enrollment Date (MO/DAY/YR)	Gross Monthly Salary \$	Contributions start with the first paycheck of first month of eligible employment, even when hired subject to probation.	
Classification <input checked="" type="checkbox"/> Permanent Employee (Mandatory Participation)			
Title of Member's Position			
I certify that the information contained on this form is correct to the best of my knowledge and belief. Please check Social Security Number with employee's Social Security Card and submit a "Designation of Beneficiary SFN 2560" along with this form.			
_____		_____	
Signature of Authorized Agent (Required)		Date of Signature	

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

PART A: MEMBER INFORMATION - TO BE COMPLETED BY AUTHORIZED AGENT OR MEMBER

1. Enter all employee information as requested. Full name is important as the employee's file at NDPERS is created using this information.
2. If the employee is married, enter the name of the employee's spouse. If the new employee is not married, enter the words "Not Married." The spouse's social security number and spouse's date of birth must be included on the form.

PART B: SUPPLEMENTAL INFORMATION

1. Indicate if new employee is covered under Teachers Fund for Retirement (TFFR) or Teacher Insurance & Annuity Association-College Retirement Equities Fund (TIAA-CREF- ND Board of Higher Education), the dates of employment and the employer's name.

PART C: MEMBER AUTHORIZATION

1. The new employee must sign and date the form. The employee's signature should reflect the name as entered in Part A.

PART D: EMPLOYER DATA - TO BE COMPLETED BY AUTHORIZED AGENT

- 1-2. Enter all agency data requested.
3. Enter the date the employee begins permanent employment.
5. Indicate the employee's job title.
8. The authorized agent must certify the accuracy of the information by signing and dating the form. **NDPERS cannot accept the form if someone other than the authorized agent signs it.**

Please review form before submitting to NDPERS to ensure that ALL appropriate sections/boxes are complete.

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records .