



NOTICE OF STATUS OR EMPLOYMENT CHANGE
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53611 (Rev. 12-2010)

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

PART A MEMBER INFORMATION	
Name (Last, First, Middle)	NDPERS ID
Last Four Digits of Social Security Number	Date of Birth
Organization Name	NDPERS Organization ID

PART B CHANGE OF STATUS NOTICE	
<input type="checkbox"/> Leave of Absence/Leave without Pay Leave of Absence Start Date: _____ Reason for Leave: _____ Recertification Date: _____ Date of Return: _____	Hourly: <input type="checkbox"/> No <input type="checkbox"/> Yes Does member work less then 12 months per year? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ (Number of Months)

<input type="checkbox"/> Member's Job Classification Change Effective Date: ____ / ____ / ____ <input type="checkbox"/> Classified State <input type="checkbox"/> Non-Classified State <input type="checkbox"/> Teacher's Fund for Retirement <input type="checkbox"/> University System <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> Elected Official: Term Begin Date (date required): _____ <input type="checkbox"/> Appointed Official: <input type="checkbox"/> Official appointed under section of the N.D.C.C. Chapter _____ <input type="checkbox"/> Official appointed by governing Board authority on _____ <input type="checkbox"/> Non-State <input type="checkbox"/> Peace Officer <input type="checkbox"/> Correctional Officer <input type="checkbox"/> NG Security and Firefighter <input type="checkbox"/> Highway Patrol Person <input type="checkbox"/> Judge <input type="checkbox"/> Legislator <input type="checkbox"/> Career and Technical Education <input type="checkbox"/> Department of Public Instruction

<input type="checkbox"/> Employment Classification Change Effective Date: ____ / ____ / ____ <input type="checkbox"/> Permanent to Temporary/Part-time (Ensure employee completes SFN 17627) <input type="checkbox"/> Temporary/Part-time to Permanent
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PART C SEPARATION OF EMPLOYMENT	
Last Date of Service with Agency:	Date of Last Regular Paycheck:
Last Month Insurance Premium(s) will be paid by your agency/or this employee. (last month on employer billing) (Month & Year) :	
Last retirement transmittal of deduction (Month & Year):	Last retirement transmittal due: (Month, 8 th , & Year):

PART D AUTHORIZATION OF AUTHORIZED AGENT	
I certify that the above information is true and correct.	
_____	_____
Authorized Agent Signature	Date of Signature

INSTRUCTIONS

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE AUTHORIZED AGENT

Part A Member Information

Enter member's name and NDPERS ID, last four digits of social security number, and date of birth.
Enter the employer's name and NDPERS Organization ID

Part B Change of Status Notice

Complete this section if an employee is on a leave of absence, returns from leave of absence, works hourly, works less than 12 months a year, has a job classification change, or employment classification change. If there is an employment classification change, the employee will need to make new benefit plan elections.

Part C Separation of Employment

Due to varying payroll cycles employers use, NDPERS needs to confirm the last Transmittal of Deduction for Retirement Contributions for retiring members. This is to ensure benefits are paid to a member for the correct time period and not overpaid or underpaid.

Eligible "Wages" and "salaries" means the member's earnings in eligible employment under this chapter reported as salary on the member's federal income tax withholding statements plus any salary reduction or salary deferral amounts under 26 U.S.C. 125, 401(k), 403(b), 414(h), or 457. "Salary" does not include fringe benefits such as payments for unused sick leave, personal leave, vacation leave paid in a lump sum, overtime, housing allowances, transportation expenses, early retirement incentive pay, severance pay, medical insurance, workforce safety and insurance benefits, disability insurance premiums or benefits, or salary received by a member in lieu of previously employer-provided fringe benefits under an agreement between the member and participating employer. Bonuses may be considered as salary under this section if reported and annualized pursuant to rules adopted by the board.

If an employee is leaving your service because of a transfer to another participating NDPERS employer, you must complete a Notice of Transfer. Please always refer to NDPERS listing of participating employers to determine if an employee is transferring employment.

Group Insurance: Indicate the month and year the employee's group insurance will end with employer.

Part D Authorization of Authorized Agent

Your agency's designated NDPERS authorized agent must sign and date this form.