



ESTIMATED BENEFIT PAYMENT REQUEST
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 59058 (Rev. 03-2016)

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	
Retirement Effective Date:	
Type of Benefit: <input type="checkbox"/> Retirement <input type="checkbox"/> Disability	
Benefit Option: <input type="checkbox"/> Single Life <input type="checkbox"/> Normal Retirement (Judge & Highway Patrol) <input type="checkbox"/> 50% Joint Survivor/Life <input type="checkbox"/> 100% Joint Survivor/Life <input type="checkbox"/> 10 Year Term Certain/Life <input type="checkbox"/> 20 Year Term Certain/Life	
Health Insurance: <input type="checkbox"/> Single <input type="checkbox"/> Family of 2 <input type="checkbox"/> Family of 3 or more	Medicare: <input type="checkbox"/> No <input type="checkbox"/> Yes, # of policies _____
Life Insurance: <input type="checkbox"/> Basic Life (\$1,300) <input type="checkbox"/> Supplemental Life: \$ _____ .00 <input type="checkbox"/> Dependent Life: \$ _____ .00 <input type="checkbox"/> Spouse Supplemental Life: \$ _____ .00	
Dental: <input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Retiree + Family	
Vision: <input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Retiree + Family	
Long Term Care Premium: \$ _____	
Federal Income Tax: Marital status for Part C is determined by the Federal law definition of marriage. 1. <input type="checkbox"/> I elect NOT to have federal income tax withheld. 2a. <input type="checkbox"/> 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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at the higher Single rate Step 2: Enter number of allowances → _____ 2b. <input type="checkbox"/> I want the following <u>additional</u> amount withheld. \$ _____ 3. <input type="checkbox"/> I want the following flat amount withheld \$ _____	
North Dakota State Income Tax: Marital status for Part D is determined by the definition of marriage under North Dakota law. 1. <input type="checkbox"/> I elect NOT to have ND State income tax withheld. 2a. <input type="checkbox"/> 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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at the higher Single rate Step 2: Enter number of allowances → _____ 2b. <input type="checkbox"/> I want the following <u>additional</u> amount withheld. \$ _____ 3. <input type="checkbox"/> 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.