# WAIVER OF RETIREMENT AND LIFE INSURANCE PARTICIPATION FOR TEMPORARY AND STUDENT EMPLOYEES

## RETIREMENT

I understand that I am eligible to participate in the North Dakota Public Employees Retirement System (NDPERS) system as a temporary/part-time/student employee. If I elect to participate, I will be obligated to contribute monthly contributions equal to 9.12% of my gross monthly salary to the plan. Payment must be made to the Payroll Office by the 6th working day of the month for the previous month's salary. Failure to remain current on payments to the retirement plan may result in loss of eligibility to participate in the future. I understand that I will not have access to these funds for any reason while I am eligible to participate. If I terminate my employment and take a refund of my retirement monies, I understand that I will not be allowed to participate in NDPERS through future employment as a temporary/part-time/student employee. I acknowledge that I cannot participate as both a temporary/part-time/student employee and a permanent employee. I understand that I can not elect to participate in the North Dakota Public Employees Retirement System as a part-time/temporary/student employee if I am actively contributing to another employer sponsored pension fund (public or private).

_____ I elect to participate and certify that I am eligible under NDCC 54-52-02.9 to participate in the NDPERS. This form must be accompanied by a membership enrollment form (SFN 2561) and a Designation of Beneficiary Form (SFN 2560).

_____ I decline to participate. I understand that I can only elect to participate in the NDPERS as a temporary/part-time/student employee within the first six months of employment or within six months of a change in status from permanent/full-time to temporary/part-time/student.

_____ _____ _____

Signature of Employee Empl ID # Date

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## LIFE INSURANCE

I understand that I am eligible to apply for life insurance coverage under my employer's life insurance plan, the North Dakota Public Employees Retirement System (NDPERS) Group Life Insurance Plan. All requests for coverage must be medically underwritten. If I elect to participate, I understand that I will be billed for the premium on a monthly basis. Application must occur within 31 days of employment as a part-time/temporary employee. I may also apply during the annual enrollment. The effective date of coverage is the first of the month following the date of approval for the coverage requested.

_____ I elect to participate in the Life Insurance Plan. This form must be accompanied by a completed Life Insurance Application SFN 53803 and a Health Statement Questionnaire.

_____ I am declining life insurance coverage, at this time.

_____ _____ _____

Signature of Employee Empl ID # Date

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**An acceptance or decline and a signature is required for each section. If you have any questions regarding these waivers or if you need enrollment forms, please contact the Office of Human Resources.**