

ELIGIBILITY ASSESSMENT QUESTIONNAIRE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 58781 (Rev. 1-2022)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657 (701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A EMPLOYER INFORMATION

Organizational Name				Organizational ID (NDPERS Use Only)			
Contact Name				Daytime Telephone Number			
E-Mail Address							
Mailing Address			City		State	ZIP Code	
PART B PLAN TYPE							
□ Defined Benefit Retirement Plan □ Public Safety Retirement Plan							
☐Deferred Compensation Plan ☐Group			Health Insurance				
☐Group Life	Insurance	☐FlexComp Plan (only available to District Health Units)					
PART C	ELIGIBILITY ASSESSMENT QUESTIONNAIRE						
NDPERS cannot provide suggested language for drafting your responses. Please contact your business or legal counsel for assistance.							
1.	Is the agency created by North Dakota statute or organized pursuant to a North Dakota Statute? If so, please provide citation.						
2.	What is the purpose of the agency?						
3.	What is the agency's funding source?						
4.	Is the agency a non-profit corporation or a for-profit corporation? If a for-profit corporation, please include a copy of the articles of incorporation.						

Upon completion, submit this form to NDPERS. You will be notified whether or not your agency is eligible to participate in NDPERS. If eligible, NDPERS will provide you with the participation and enrollment information and instructions.