



**NDPERS REQUEST FOR BENEFIT INFORMATION**  
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 SFN 53603 (Rev. 09-2018)

**NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920**

**COMPLETE AND SEND TO NDPERS TO RECEIVE A BENEFIT ESTIMATE**

**PART A PARTICIPANT IDENTIFICATION**

Name
NDPERS Member ID
Last Four Digits of Social Security Number
Date of Birth (mm/dd/yyyy)
Home Email Address
Daytime Phone

**PART B RETIREMENT PROJECTION (PLEASE LIMIT TO 2 PROJECTIONS)**

<input type="checkbox"/> Age 55	<input type="checkbox"/> Age 62	<input type="checkbox"/> Age 65	<input type="checkbox"/> Earliest Rule of 85/80
<input type="checkbox"/> Other –Specify Date: _____		<input type="checkbox"/> Disability Benefits	

**PART C SICK LEAVE CONVERSION (PURCHASE)**

(LEAVE BLANK IF CONVERSION IS NOT DESIRED)
Number of hours of accumulated unused sick leave _____