Welcome to the University of North Dakota! We are pleased you chose to be a part of our community. We want your experience as a new employee at the University of North Dakota to be a positive one. To assist you with completing all the required steps, please use the checklist below to verify all are completed following your official offer of employment:

Prior to starting work:

- Complete New Employee Onboarding and present documents to Payroll or E-Verify site. (Select original and unexpired documents from the list of acceptable documents found at: http://und.edu/finance-operations/human-resources-payroll/_files/docs/i-9-acceptable-forms-of-identification.pdf.)

Complete the attached forms and leave at the E-Verify location when you complete the I-9 Section 2:

- UND Life Insurance Application
- NDPERS State Life Insurance Designation of Beneficiary
- NDPERS Retirement Designation of Beneficiary

Next Steps:

- When you’ve received an email from UND.payrollbenefits@UND.edu, with your NDPERS Member ID, click the link and then using that NDPERS Member ID, create your NDPERS account to enroll in insurance and retirement benefits.

  For online benefit information and Optional Forms visit: http://und.edu/finance-operations/human-resources-payroll/. Click on the Benefits Information button.

If electing Optional Benefits complete and return to Payroll within 31 days of your hire date.

- Waiver of Pre-Tax Insurance Form must be returned if you are purchasing additional insurance and do not want the premiums pre-taxed.
- Flexible Spending Account enrollment form and information

INTERNATIONAL EMPLOYEES:

All international employees must meet with the Payroll Office tax specialist to complete the FNIS Form and to discuss payroll taxes, FICA exemption, and applicable tax treaties (if any). For further information call 701-777-4227.

MINNESOTA AND MONTANA RESIDENTS:

If you are a tax resident of MN or MT, you are eligible to request that ND state tax not be withheld from your UND paychecks. If you are a MN resident, you may also request that MN state tax be withheld instead of ND state tax. UND does not withhold Montana state tax. If you wish to claim the exemption, contact the Payroll Office at 701-777-4227.
UND LIFE  Group Term Life and  
Personal Accident Insurance Enrollment  

Name (Last, First, MI)  
Social Security #  
Date of Birth  
Permanent Employment Date  

Employee ID  

☐ New Hire  ☐ Increase Coverage  ☐ Decrease Coverage  ☐ Beneficiary Change  
☐ Name Change (Former Name)  

Requested Coverage  

☐ Basic Life ($5,000 provided by Employer)  $ 5,000  
☐ Employee Supplemental Life ($5,000 increments). Maximum $500,000  
Evidence of Insurability is required over $150,000. Life insurance amounts will be reduced starting at age 70  

☐ Spouse Supplemental Life ($5,000 increments) Cannot exceed 50% of employee supplemental. Evidence of Insurability is required over $20,000  $  

☐ Dependent Child(ren) (covers all dependent children)  $ 10,000  

☐ Personal Accident Coverage ($5,000 increments) Maximum $500,000  $  

☐ Employee only  ☐ Family (includes employee)  

EMPLOYEE IS AUTOMATICALLY THE BENEFICIARY FOR SPOUSE/DEPENDENT COVERAGE  

Designation of Beneficiaries  

<table>
<thead>
<tr>
<th>Primary Beneficiary(ies)</th>
<th>% Share</th>
<th>Relationship</th>
<th>Soc Sec #</th>
<th>Birth Date</th>
<th>Address</th>
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<th>Contingent Beneficiary(ies)</th>
<th>% Share</th>
<th>Relationship</th>
<th>Soc Sec #</th>
<th>Birth Date</th>
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I hereby apply to Mutual of Omaha for Group Term Life Insurance as presented to me and authorize my employer to make any necessary premium deduction from my salary.

Applicant's Signature  
Date Signed  

Group Policy # G000AVV8  
Effective Date  

01-15-w
In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

PART A  MEMBER INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>NDPERS Member ID</th>
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<tbody>
<tr>
<td>Last Four Digits of Social Security Number</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

- Married  - Single  - Divorced  - Widowed

Effective Date:

PART B  DESIGNATION OF BENEFICIARY

<table>
<thead>
<tr>
<th>Primary Beneficiary(ies) (If person enter: Last, First, Middle)</th>
<th>Relationship</th>
<th>Gender</th>
<th>Social Security Number</th>
<th>Birth Date</th>
<th>% Share</th>
<th>Address</th>
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Must Equal 100%

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<tr>
<th>Contingent/Secondary Beneficiary(ies) (If person enter: Last, First, Middle)</th>
<th>Relationship</th>
<th>Gender</th>
<th>Social Security Number</th>
<th>Birth Date</th>
<th>% Share</th>
<th>Address</th>
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Must Equal 100%

PART C  MEMBER AUTHORIZATION

I understand that this election revokes any previous life insurance beneficiary designations. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

______________________________  __________________________
Member Signature               Date Signed
Part A  Member Information

Enter your name, NDPERS ID number, date of birth, last four digits of your Social Security Number, marital status, and effective date of change.

Part B  Designation of Beneficiary

1. Use full legal name. (Example: “Anna May Smith,” not Mrs. John Smith”)

2. A member may designate contingent beneficiary (ies) who will receive benefits if the primary beneficiary (ies) predecease member.

3. If more than one person in a class (primary or contingent beneficiary) is named, members of that class will share equally in the benefits unless specific shares are designated. The total number of shares must equal 100 percent. The benefit will be distributed as directed by the designation. If a named beneficiary does not survive, the beneficiary’s share will be distributed among any surviving beneficiaries, in the same proportion as the initial shares.

4. To file a death claim, a certified copy of the Death Certificate must be provided to NDPERS to process the claim.

5. Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established, or as allowed by law.

6. If an estate is named, specify whose estate such as: “Estate of the Insured.” Full name and address of the executor must be included.

TRUSTEE DESIGNATION:

1. Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.

2. “The _______________ Trust Company, trustee under written trust agreement date (month, date, year) _____________, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability.” Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

Part C  Member Authorization

You must sign and date this section for this form to be valid.
DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 2560 (Rev. 02-2015)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

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

PART A MEMBER INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Married □ Single □ Divorced □ Widowed</th>
<th>NDPERS ID</th>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>Last Four Digits of Social Security Number</td>
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Spouse Name (Last, First, Middle) | Spouse Gender □ Male □ Female

PART B PRIMARY BENEFICIARY (IES) – Complete all sections

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Social Security Number</th>
<th>Birth Date</th>
<th>% Share</th>
<th>Address</th>
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Total must equal 100%

PART C CONTINGENT/SECONDARY BENEFICIARY(IES)

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<th>Name</th>
<th>Relationship</th>
<th>Social Security Number</th>
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Total must equal 100%

PART D MEMBER AUTHORIZATION

I understand that this election revokes any previous retirement account beneficiary designations. I understand that, if married, any initiation of dissolution or annulment of my marriage may void this designation. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Member Signature ___________________________ Date of Signature ________________

PART E SPOUSE AUTHORIZATION

IF YOU ARE MARRIED AND DESIGNATE A BENEFICIARY OTHER THAN OR IN ADDITION TO YOUR SPOUSE, YOUR SPOUSE* MUST COMPLETE THIS SECTION

If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to the listed beneficiary (ies).

If a member with three or more years of credited service is married, North Dakota law requires the spouse’s* consent before benefits can be paid other than to the member's spouse*. (NDCC 30.1-05-02). If spouse’s* consent is given, please be advised, that if your primary beneficiary election is someone in addition to or in lieu of your spouse, there is no monthly pre-retirement death benefit provision.

I consent to the above retirement beneficiary (ies) designated by the above named NDPERS member.

Spouse Signature ___________________________ Date of Signature ________________

*Note: “Spouse” means a spouse according to North Dakota law.
PROVISIONS FOR ALL BENEFITS

1. This “Designation of Beneficiary” is for the group Retirement Plan only. To designate beneficiary (ies) for the group Life Insurance Plan, please complete a “Life Designation of Beneficiary SFN 53855”.

2. EFFECTIVE WHEN FILED: This designation will be effective when properly executed and received in the NDPERS office.

3. SUBJECT TO LAWS AND REGULATIONS: This designation is subject to the governing statutes and to rules and regulations established by the Retirement Board of the North Dakota Public Employees Retirement System. The acceptance of the designation by NDPERS does not establish that a survivor benefit will be payable. Whether or not a benefit is payable and the amount thereof will be determined at the time of death under laws and regulations then applicable.

4. WHO IS ELIGIBLE TO BE A BENEFICIARY: Any person, whether or not a relative, or a church or charity may be designated as a primary or contingent beneficiary. A member may also designate his or her estate as beneficiary and the benefits will be distributed according to his or her testamentary will or according to the state laws for interstate distribution. A creditor of a member (such as a bank, credit union, loan company, etc.) may not be named a beneficiary as a means of providing security for a debt. (N.D.C.C. 28-22-19)

5. DESIGNATED BENEFICIARIES: All beneficiary designations shall equal 100% of the benefit. If the benefit is being divided amongst multiple beneficiaries and the total share does not equal 100%, NDPERS shall amend the designations in order to reach the 100% in total, but in no circumstance will PERS amend the beneficiary designation by more than one (1) %. If an amendment is necessary, the additional percentage shall be credited to the eldest beneficiary.

If shares are not designated, NDPERS will distribute benefits equally to the named beneficiary (ies). As this distribution may not reflect the member’s preference, we recommend the member be sure to designate the percent of share for each listed beneficiary.

6. If there are no surviving beneficiaries, all benefits will be paid to your estate.

7. A certified copy of the death certificate must be sent to NDPERS to process a claim.

PROVISIONS FOR RETIREMENT BENEFITS ONLY

1. DEATH OF ACTIVELY EMPLOYED MEMBER:
   
   A. If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to whoever is the listed beneficiary(ies).
   
   B. If a member dies after completing three years of service, his/her retirement account will be distributed pursuant to N.D.C.C. 54-52-17(6) and N.D.C.C. 39-03.1-11(6).

2. DEATH OF RETIREE: Benefits will be paid to the named beneficiary based upon the option selected by the member at retirement. If there are no surviving beneficiaries, any remaining cash value will be paid to your estate.

3. DEATH OF SURVIVING SPOUSE (in accordance with North Dakota law): A lump sum payment of any remaining cash value will be paid to the spouse’s named beneficiary. If there are no surviving beneficiaries, any remaining cash will be paid to the spouse’s estate.

NOTE: Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established.