

NPER.	S Nebraska Public Employees Retirement Systems

1526 K St., Ste. 400 PO Box 94816 Lincoln, NE 68509-481	6 PHONE	402-471-2053 тол	L FREE 800-245-5712		
Employer Name	Date		Plan Type (Check One)		
Agency/County Number / District Number					
Address					
City	State	Zip	☐ Judges☐ Patrol		
Employer Contact/Reporting Agent – Addition & Removal					
Please use this form to add, update, or remove staff who will s data, and/or function as a point of contact with the Nebraska Panytime reporting agents or contacts within your organization.	ublic Employ tion change,	yees Retirement Syste , please submit a nev	ems (NPERS). w form.		
Primary agents/contacts serve as the employee NPERS will contact first with any questions/issues and should have access to personnel records and are familiar with your employment policies, payroll, and the retirement plan. You may also designate "backup" secondary reporting agents/contacts.					
CONTACTINFORMATION					
Indicate if a new reporting agent/contact or update/removal of an existing reporting agent/contact. If new, indicate any reporting duties (Monthly, Noncons, or both) and Primary or Secondary status. If there are no reporting duties, only enter contact information. Add/Update contact/agent (indicate duties/status below) Remove existing contact/agent (enter name below)					
Submit Monthly Reports: OPrimary OSecondary Submit Noncon Data: OPrimary OSecondary					
CONTACT NAME	EFF	ECTIVE DATE OF ADDITION/UPDAT	E/REMOVAL		
SOCIAL SECURITY NUMBER	DAT	TE OF BIRTH			
WORK PHONE FAX NUMBER WORK E					
CONTACTINFORMATION					
Indicate if a new reporting agent/contact or update/removal of an existing reporting agent/contact. If new, indicate any reporting duties (Monthly, Noncons, or both) and Primary or Secondary status. If there are no reporting duties, only enter contact information. Add/Update contact/agent (indicate duties/status below) Remove existing contact/agent (enter name below) Submit Monthly Reports: OPrimary OSecondary Submit Noncon Data: OPrimary OSecondary					
CONTACT NAME	EFF	FECTIVE DATE OF ADDITION/UPDAT	E/REMOVAL		
SOCIAL SECURITY NUMBER	DA	TE OF BIRTH			
WORK PHONE FAX NUMBER WORK E	MAIL				
This form must be signed by a Superintendent, Administrator, Personnel Director, or Employer Contact.					
Signature		Date			
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BAR CODE