

Name <small>Last</small> <small>First</small> <small>Middle</small>			Date of Birth - -	Plan Type <small>(Check One)</small>
Social Security Number - -		Retirement Number		<input type="checkbox"/> Judges
Address		City	State	Zip
Home Phone		Work Phone	Employer	
<input type="checkbox"/> Patrol				

Judge/Patrol Non-Contributing Member Form

This form serves as official notification that a member has ceased employment. This form must be received by NPERS within 20 days of the date the employer-employee relationship has been dissolved. This form is also used if there is any other interruption of a member's retirement contributions.

CEASED EMPLOYMENT

Termination Date: _____

Date of Final Pay: ____/____/____ **Gross Final Pay: \$** _____

Reason for Termination:

- Resigned (2420)
 Deceased (2426)
 Disability (2425)
 Retired (2420)
 Other (explain) _____

LEAVE OR INTERMITTENT STATUS

Leave Without Pay Effective Date: _____

Date of Final Pay: ____/____/____ **Gross Final Pay: \$** _____

Reason for Leave:

- Military
 Leave of Absence
 Family Medical
 Suspension
 Disability
 Other (explain): _____

JUDGES ONLY

CONTRIBUTIONS CEASED Maximum level of contributions reached (20 years)

Effective Date: _____

Final Contribution Date: ____/____/____ **Contribution Amount: \$** _____

This certifies that the above information is correct to the best of my knowledge.

Agency Signature: _____ **Date:** ____/____/____

Typed or printed name of Agency Contact: _____ **Title:** _____

Telephone Number: _____