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|--|-------|------|--|
| Employer Name | | Date | Plan Type (Check One) |
| Agency/County Number / District Number | | | <input type="checkbox"/> School <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Judges <input type="checkbox"/> Patrol |
| Address | | | |
| City | State | Zip | |

Employer Contact/Reporting Agent – Addition & Removal

Please use this form to add, update, or remove staff who will submit monthly reports, non-contributing member data, and/or function as a point of contact with the Nebraska Public Employees Retirement Systems (NPERS). **Anytime reporting agents or contacts within your organization change, please submit a new 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.

CONTACT INFORMATION

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: Primary Secondary
 Submit Noncon Data: Primary Secondary

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|--------------|------------|---|
| CONTACT NAME | | EFFECTIVE DATE OF ADDITION/UPDATE/REMOVAL |
| WORK ADDRESS | | DATE OF BIRTH |
| WORK PHONE | FAX NUMBER | WORK EMAIL |

CONTACT INFORMATION

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)
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Submit Monthly Reports: Primary Secondary
 Submit Noncon Data: Primary Secondary

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| CONTACT NAME | | EFFECTIVE DATE OF ADDITION/UPDATE/REMOVAL |
| WORK ADDRESS | | DATE OF BIRTH |
| WORK PHONE | FAX NUMBER | WORK EMAIL |

This form must be signed by a Superintendent, Administrator, Personnel Director, or Employer Contact.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|