

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

### Employer Contact

Please complete this form to include the name(s) of the people the Nebraska Public Employees Retirement Systems (NPERS) may record as point of contact. Your Primary Employer Contact should be an individual who is familiar with your employment policies, your payroll system, and the retirement plan and who has access to your personnel records. You may choose whom you wish to be your Primary Employer Contact and may also choose other Additional Contacts. All general correspondence from NPERS will be addressed to the Primary Contact.

If the individual who is the Primary Contact or anyone listed as an Additional Contact should change, please complete and submit a new form.

### PRIMARY CONTACT INFORMATION

CONTACT NAME		TITLE	
ADDRESS			
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
SIGNATURE			DATE

### ADDITIONAL CONTACT INFORMATION

CONTACT NAME		TITLE	
ADDRESS			
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
SIGNATURE			DATE

CONTACT NAME		TITLE	
ADDRESS			
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
SIGNATURE			DATE