# NPERS Nebraska Public Employees Retirement Systems

npers.ne.gov

1526 K St., Ste. 400          PO Box 94816          Lincoln, NE  68509-4816          PHONE 402-471-2053          TOLL FREE 800-245-5712

| Employer Name | | Date | | Plan Type (Check One) |
|---|---|---|---|---|
| Agency/County Number / District Number | | | | ☐ School ☐ State ☐ County ☐ Judges ☐ 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

| CONTACT NAME | EFFECTIVE DATE OF ADDITION/UPDATE/REMOVAL |
|---|---|
| SOCIAL SECURITY NUMBER | 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)          ☐ Remove existing contact/agent (enter name below)

☐ Submit Monthly Reports:  ⊙ Primary  ⊙ Secondary          ☐ Submit Noncon Data:  ⊙ Primary  ⊙ Secondary

| CONTACT NAME | EFFECTIVE DATE OF ADDITION/UPDATE/REMOVAL |
|---|---|
| SOCIAL SECURITY NUMBER | 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 |
|---|---|

BAR CODE