



Make-Up Contribution Agreement

Name Last First Middle		Date of Hire	Plan Type (Check One)
Social Security Number		Email Address	<input type="checkbox"/> State
Address		City State Zip	<input type="checkbox"/> County
Home Phone	Work Phone	Employer	

Missed contributions must be remitted **within 60 days** of notification from NPERS.

The employee and employer contributions, plus any applicable interest, **must be paid by the employer/agency**.

Supporting documentation for the make-up contributions must be submitted with this form.

Reason for Make-up Contributions:

- ☐ Did not start contributions upon meeting eligibility
- ☐ Military leave
- ☐ Did not contribute the correct amount
- ☐ Other _____

Time Period for Missed Contributions: _____

Number of Payroll Periods during Time Period: _____

Total Salary during Time Period: _____

Total of Missed Employee Contributions: _____

Total of Missed Employer Contributions: _____

Total for Applicable Interest to be Added: _____

Total to be Remitted by the Employer: _____

Date Payment will be Remitted: _____

The undersigned agree, acknowledge, and understand that the above contributions are mandatory contributions to be made by the state agency/county within 60 days. Make-up military leave must be completed within three times the number of pay periods the employee was under military orders.

The undersigned have executed this agreement this _____ day of _____, 20_____.

(Signature of Employer)

Accepted and agreed to:

NEBRASKA PUBLIC EMPLOYEES RETIREMENT SYSTEM: BY: _____

TITLE: _____