



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: _____