



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

Mandatory Repayment of Distribution

A violation of termination has been discovered, requiring a repayment of the distribution received from your retirement account. This form must be completed and received by NPERS within 30 days.

When a termination violation is discovered, the member is required to repay the gross amount of the distribution taken within 2 years of returning to employment.

Termination Violations include:

State/County Plan (120 days) - if a member terminates employment with an employer, takes a distribution, and returns to employment with any employer covered by the same retirement plan within 120 days.

School/OSERS Plan (180 days) - if a member terminates all regular employment, takes a distribution, and returns to any service at any plan employer, other than 8 total calendar days of substitute/voluntary service during a calendar month for the 180-day separation period.

Original Termination Date: _____ Date of Reemployment: _____
End Date For Repayment Plan: _____ ☐ I am requesting a hardship extension from the Director.

If repayment within 2 years will cause a hardship, you may request an extension from the Director.

Reason for hardship extension request (If additional space is required, please attach a separate page):

How do you wish to pay back your ineligible distribution? Please mark your selection(s) below.

☐ **Qualified Rollover / Transfer (PRE-TAX)**

- You must provide a properly completed ***Rollover/Transfer from Tax-Deferred Account Form*** (NPERS 3050).

Your rollover check must be made payable to:

Nebraska Public Employees Retirement Systems
FBO: {Name of Member}
PO Box 94816
Lincoln, NE 68509 - 4816

☐ **Lump Sum Payment (AFTER-TAX)**

- Your payment must be made by bank draft, certified check, money order or cashier's check.

Make payable to:

Nebraska Public Employees Retirement Systems
FBO: {Name of Member}
PO Box 94816
Lincoln, NE 68509 - 4816

☐ **Payroll Deduction (AFTER-TAX)**

- Payment must be completed within 2 years of your return to work.

The undersigned agree, acknowledge, and understand that the above repayment of the ineligible distribution must be paid according to the terms above. If payroll deduction is requested, this form and signature hereby authorize the deduction directly from my compensation and remit the same to NPERS. Repayment must be made within two years of reemployment unless a hardship is granted by the Director.

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

(Signature of Employee)

(Signature of Employer - ONLY for payroll deductions)

FOR INTERNAL USE ONLY

REPAYMENT START DATE: _____

REPAYMENT END DATE: _____

Accepted and agreed to:

NEBRASKA PUBLIC EMPLOYEES RETIREMENT SYSTEM:

Terms of hardship:

Terms of the repayment based on what is or is not approved by the director

☐ Monthly Payments

☐ Lump Sum

☐ Other

BY: _____

TITLE: _____

DIRECTOR SIGNATURE: _____