



STATE PLAN MANDATORY MAKE-UP CONTRIBUTION AGREEMENT

STATE AGENCY _____ EMPLOYER NUMBER _____

PAYROLL PERIOD	EMPLOYEE NAME	SSN (LAST 4)	COMPENSATION REPORTED TO AMERITAS	CORRECT AMOUNT OF COMPENSATION	COMPENSATION ADJUSTMENT AMOUNT (+/-)	EMPLOYEE CONTRIBUTIONS (+/-)

Reason for Make-up Contributions:

Did not start contributions upon meeting eligibility

Military Leave

Did not contribute the correct amount

Other _____

Check box if this is the result of NPERS audit

- Missed contributions must be remitted within 60 days of notification from NPERS.
- The employee and employer contributions must be paid by the employer/agency.
- Supporting documentation for the make-up contributions must be submitted with this form.
- Interest will be calculated after the make-up contributions have posted to the member's account.

Total Employee Contribution Adjustments (+/-) _____

Total Employer Contribution Adjustments (+/-) _____

Total Adjustments _____

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

EMPLOYER CONTACT SIGNATURE _____

DATE _____

PREPARED BY _____

(FOR NPERS OFFICE USE ONLY)