

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

Make-Up Contribution Agreement

I, _____ (the Employee) an employee of _____ (Agency, County, etc.) and a member of the Nebraska State or County Employees' Retirement System (the "Retirement System"), hereby authorize the Retirement Contact personnel to deduct the following amounts from my compensation and directly contribute such amounts to the Retirement System for the make-up contributions as described below:

- Reason for Doing Make-up Contribution
- Missed Contributing
 - Military Leave
 - Did Not Contribute Correct Amount
 - Other _____

Time Period for Missed Contributions: _____

Number of Payroll Periods during Time Period: _____

Total Salary during Time Period: _____

Total Amount to Be Contributed by Employee: _____

Total Amount to Be Contributed By Employer: _____

Total Number of Pay Periods for Re-Payment: _____

Repayment Start Date: _____ Repayment End Date: _____

The undersigned agree, acknowledge, and understand that the above contributions are mandatory contributions to be made by the employee and the state or 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 Employee)

(Signature of Employer)

Accepted and agreed to:

NEBRASKA PUBLIC EMPLOYEES RETIREMENT SYSTEM

By: _____

Title: _____

BAR CODE
