



Nebraska Public Employees  
Retirement Systems

1221 N Street, Suite 325, P.O. Box 94816  
Lincoln, NE 68509-4816  
402-471-2053 or 800-245-5712  
Fax 402-471-9493  
www.npers.ne.gov

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

### State/County Non-Contributing Member Form

This form serves as official notification that a member has ceased employment. According to §23-2301 (County) and § 84-1301 (State), termination of employment occurs on the date on which the state/county determines that the member's employer-employee relationship has dissolved. The employer shall notify NPERS of the date on which termination has occurred. This form is also used if there is any other interruption of a member's retirement contributions, such as seasonal employment or a leave of absence.

#### Ceased Employment

Termination Date \_\_\_\_\_

Date of Final Pay \_\_\_\_\_ Gross Final Pay \$ \_\_\_\_\_

Emergency Warrant Issued?  Yes  No

Reason for Termination

Resigned  Deceased  Disability  Retired

Transfer from \_\_\_\_\_ to \_\_\_\_\_

Dismissed - If dismissed, is a grievance or appeal of the termination pending?  Yes  No

#### Leave or Intermittent Status

Last Pay Date \_\_\_\_\_

Reason for Change in Status

Military Leave  Disability  Family Medical  Seasonal/Intermittent  Suspension

Other (explain) \_\_\_\_\_

Anticipated Date of Return (if known) \_\_\_\_\_

This certifies that the above information is correct to the best of my knowledge.

Agency/County Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or printed name of Agency Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_