

NPERS COUNTY PLAN ELIGIBILITY CHECKLIST

Person's Name: _____ Date: _____

County: _____ Reporting Agent's Name: _____

Use this checklist to help you determine if/when an employee is eligible to participate in the County plan. Please see the [County Plan Employer Manual](#) for more information on eligibility and enrollment.

PERMANENT, FULL-TIME EMPLOYEES AND FULL-TIME ELECTED OFFICIALS. Immediate plan participation is **required** for individuals that are at least 18 years of age and are US citizens, permanent residents, or lawfully present who work one-half or more of the regularly scheduled hours during each pay period.

- Once a person begins plan participation at **any** covered employer, they **must** participate at **all** covered employers, including yours, except as stated in law. Please notify all applicable employers of cross county plan participation.
- A person **cannot** take a distribution from retirement while rendering any service to any County plan covered employer.
- A person may contact NPERS' Member Services at 402-471-2053 or 800-245-5712 to verify their status.
- Consider keeping the completed checklist in the person's personnel file for future reference.

PERMANENT, PART-TIME EMPLOYEES AND PART-TIME ELECTED OFFICIALS.

- County plan participation is **voluntary** for individuals that are at least 18 years of age and are US citizens, permanent residents, or lawfully present who work one-half or more of the regularly scheduled hours during each pay period. To voluntarily enroll a Voluntary Enrollment Form must be submitted to NPERS within 30 days of hire.
- Participation becomes **mandatory** with the next payroll period for permanent, part-time employees and part-time elected officials when the person works one-half or more of the regularly scheduled hours in a pay period for at least 6 bi-weekly pay periods, or 6 semi-monthly pay periods, or 3 monthly pay periods in a calendar year.

TEMPORARY EMPLOYEES. Temporary employees are not eligible to participate in the County plan (unless the person is already participating in the County plan at another covered employer or it is within 120 days of stopping contributions). The employer should have documentation to support temporary employment. On-call does not always mean temporary.

SEASONAL EMPLOYEES.

- A person is a "permanent seasonal employee" for retirement purposes if the person is hired with the intent the person will return to employment with your employer in subsequent working seasons without having to reapply. Treat "permanent seasonal employees" the same as other permanent employees.
- A person is a "temporary seasonal employee" for retirement purposes if the person is hired on a one-season basis with no agreement or understanding that the person will return to employment the next season and the person must reapply for the position for the next working season. Treat "temporary seasonal employees" the same as other temporary employees, for retirement eligibility purposes.

1. Is the person 18 years old or older?

_____ **Yes**, go to question 2.

_____ **No**, the person is **not** eligible for County plan participation. Reassess eligibility when the person is 18.

2. Is the person a U.S. citizen or lawful permanent resident? _____ **Yes**, go to question 3. _____ **No**, go to question 2.a.

2.a. If the status is C33, the employee is **not eligible** to participate. If the employee is anything other than C33, go to 2.b.

2.b. Can the person produce a valid, unexpired (if applicable) documents found [HERE](#).

_____ **Yes**, go to question 3.

_____ **No**, the person is **not** eligible for County plan participation. Reassess eligibility if documentation becomes available.

3. Is the person **currently participating in** the County plan due to employment with **any** County plan covered employer?

_____ **Yes**, the person **must** begin County plan participation at **all** County plan covered employers where the person works, including yours. **Regardless of the answer complete the remainder of the questionnaire.**

_____ **No**, go to question 4.

4. Has the person **ever participated in** the County plan while working for **any** other covered employer, then terminated employment?

_____ **Yes**, go to question 4.a.

_____ **No**, go to question 5.

4.a. Have at least 120 days passed since the person last rendered service with **any** covered employer without a prearranged return to work?

_____ **Yes**, go to question 4.b.

_____ **No**. The person has not terminated employment for retirement purposes.

- The person **must** participate in the County plan at **all** covered employers where the person works, and repay any retirement distributions received, with interest, and
- The employer(s) **must** work with NPERS to ensure any missed contributions are properly made up.

4.b. Is this prior County plan participant a permanent full-time or part-time employee at your employer?

_____ **Yes**, the person **must** participate in the County plan at **all** County plan covered employers, including yours.

_____ **No**, the person is a temporary employee for retirement purposes. The person is **not** eligible to participate in the County plan currently. Reassess retirement eligibility if the situation changes.

5. Is the person being hired as a **permanent** employee?

_____ **Yes**, go to question 6.

_____ **No**, temporary employees are not eligible for plan participation. Maintain documentation of the employee's temporary status for audit purposes. Such documentation includes, but is not limited to, work agreements, county board resolutions, etc.

6. What job classification was the person hired to work? _____ Go to question 7.

7. What is the pay period for the job classification (i.e., bi-weekly, semi-monthly, monthly)? _____ Go to question 8.

8. What is the number of hours per pay period that equals the full-time equivalency (i.e., 1.0 FTE) for the job classification? _____ Go to question 9.

9. What is the number of hours per pay period the person was hired to work? _____ Go to question 10.

10. Was the person hired to work one-half or more of the hours per pay period that equal the full-time equivalency for their job classification?

_____ **Yes**, the person is a permanent **full-time** employee for retirement purposes and **must** begin County plan participation at **all** County plan covered employers where the person works.

_____ **No**, the person is a permanent **part-time** employee for retirement purposes. Go to question 11.

11. Does this person want to voluntarily join the County plan?

_____ **Yes**, NPERS **must** receive the person's properly completed Voluntary Enrollment Form **within the first 30 days of employment** to be eligible for County plan participation.

- If Voluntary Enrollment Form **is** timely received, the person **must** begin County plan participation at **all** County plan covered employers where the person works from the date of hire at your employer.
- **WARNING!!** If Voluntary Enrollment Form is not timely received, the person **cannot** participate in the County plan, except as otherwise required by law.
 - Any contributions plus earnings will need to be distributed. Contact NPERS for assistance.
 - Reassess the person's retirement eligibility if their employment status or work hours change.
- **REMINDER:** The person should also submit a Beneficiary Designation Form as soon as possible, and Vesting Credit Application within 180 days of the date of hire (as defined in NPERS' laws), to NPERS!

_____ **No**. **Do not** have the person complete the Voluntary Enrollment Form, Beneficiary Designation Form, or Vesting Credit Application.

- Reassess the person's retirement eligibility if their employment status or work hours change. If the person becomes a full-time employee, the person **must** begin County plan participation.
- If during the person works one-half or more of the regularly scheduled hours in 6 bi-weekly pay periods, 6 semi-monthly pay periods, or 3 monthly pay periods, as applicable for your employer, during a calendar year, the person **must** begin County plan participation at **all** covered employers where the person works, including yours.

Check the box that applies:

I understand that my participation is mandatory.

I understand that I am voluntarily enrolling.

I understand that if I am not participating and the only way to participate in the future is by meeting mandatory enrollment requirements.

_____ Enrollment Date (if applicable)

_____ Employee

_____ Employer

Notes: _____