



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

Judge/Patrol Non-Contributing Member Form

This form serves as official notification that a member has ceased employment. This form must be received by NPERS within 20 days of the date the employer-employee relationship has been dissolved. This form is also used if there is any other interruption of a member's retirement contributions.

CEASED EMPLOYMENT

Termination Date: _____

Date of Final Pay: ____/____/____ Gross Final Pay: \$ _____

Reason for Termination:

- Resigned (2420) Deceased (2426) Disability (2425) Retired (2420)
- Other (explain) _____

LEAVE OR INTERMITTENT STATUS

Leave Without Pay Effective Date: _____

Date of Final Pay: ____/____/____ Gross Final Pay: \$ _____

Reason for Leave:

- Military Leave of Absence Family Medical Suspension Disability
- Other (explain): _____

JUDGES ONLY

CONTRIBUTIONS CEASED

Maximum level of contributions reached (20 years)

Effective Date: _____

Final Contribution Date: ____/____/____ Contribution Amount: \$ _____

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

Agency Signature: _____ Date: ____/____/____

Typed or printed name of Agency Contact: _____ Title: _____

Telephone Number: _____