



STATE PLAN MANDATORY MAKE-UP CONTRIBUTION AGREEMENT

STATE AGENCY \_\_\_\_\_ EMPLOYER NUMBER \_\_\_\_\_

Table with 7 columns: 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)