

## NPERS STATE PLAN ELIGIBILITY CHECKLIST

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Reporting Agent's Name: \_\_\_\_\_

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

**IMPORTANT!!! (A)** Once a person begins State plan participation at **any** State plan covered entity, the person **must** begin participation at **all** State plan covered entities where the person works, including yours, except as stated in law. If a person who works for other State plan covered entities begins participation at your entity, **please notify the other State plan covered entities. Please tell the person to also notify the other State plan covered entities where the person works of the requirement to participate in the State plan.**

**(B)** A person **cannot** take a distribution from retirement while rendering any service to any State plan covered entity.

**(C)** A person may contact NPERS' Member Services at 402-471-2053 or 800-245-5712 to verify their status with NPERS.

**(D)** Consider keeping the completed checklist in the person's personnel file for future reference, such as audits or as a baseline if the person's status changes.

**SEASONAL EMPLOYEES. (A)** 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 entity in subsequent working seasons without having to reapply.

**(B)** 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.

**(C)** Treat "permanent seasonal employees" the same as other permanent employees and treat "temporary seasonal employees" the same as other temporary employees, for retirement eligibility purposes. Monitor all other eligibility criteria.

1. Is the person 18 years old or older?

\_\_\_\_\_ **Yes**, proceed to question 2.

\_\_\_\_\_ **No**, the person is **not** eligible for State plan participation. Reassess retirement 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 State plan participation. Reassess eligibility if documentation becomes available.

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

\_\_\_\_\_ **Yes**, the person **must** begin State plan participation at **all** State plan covered entities where the person works, including yours. **Regardless of the answer complete the remainder of the questionnaire.**

\_\_\_\_\_ **No**, proceed to question 4.

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

\_\_\_\_\_ **Yes**, proceed to question 4.a.

\_\_\_\_\_ **No**, proceed to question 5.

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

\_\_\_\_\_ **Yes**, proceed to question 4.b.

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

- The person **must** participate in the State plan at **all** State plan covered entities 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 State plan participant a permanent full-time or part-time employee at your entity?

\_\_\_\_\_ **Yes**, the person **must** participate in the State plan at **all** State plan covered entities, including yours.

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

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

\_\_\_\_\_ **Yes**, proceed 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, board resolutions, etc.

6. What job classification was the person hired to work?

\_\_\_\_\_ Proceed to question 7.

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

\_\_\_\_\_ Proceed 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?

\_\_\_\_\_ Proceed to question 9.

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

\_\_\_\_\_ Proceed 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 the job classification?

\_\_\_\_\_ **Yes**, the person is a permanent **full-time** employee for retirement purposes and **must** begin State plan participation at **all** State plan covered entities where the person works.

\_\_\_\_\_ **No**, the person is a permanent **part-time** employee for retirement purposes. Proceed to question 11.

11. Does the person want to voluntarily join the State plan?

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

- If Voluntary Enrollment Form **is** timely received, the person **must** begin State plan participation at **all** State plan covered entities where the person works from the date of hire at your entity.
- **WARNING!!** If Voluntary Enrollment Form is not timely received, the person **cannot** participate in the State plan, except as otherwise required by law.
  - Any contributions plus earnings will need to be distributed through the appropriate methods. 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 State plan participation.
- If during a plan year (January 1 to December 31) 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, the person **must** begin State plan participation at **all** State plan covered entities 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:** \_\_\_\_\_