



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ACTIVE MEMBER INFORMATION UPDATE 2024

| | | | |
|--|--|--|--|
| MEMBERSHIP CLASS: Class I <input type="checkbox"/> | | Class II <input type="checkbox"/> | |
| NAME (Last, First, Middle Initial): | | U.S. SOCIAL SECURITY NUMBER: | |
| NAME OF EMPLOYER: | | MARITAL STATUS: <input type="checkbox"/> Married* <input type="checkbox"/> Single <input type="checkbox"/> Divorced** <input type="checkbox"/> Widowed | |
| POSITION: | | *If Married, Name of Spouse: _____ Provide copy of official marriage record if none on file. | |
| EMPLOYMENT DATES: | | **If divorced, provide Divorce Decree and final judgement certified by the issuing court if none on file. If in the process of divorce, provide Divorce Decree and Final Judgement certified by the issuing court upon issuance. <i>Decrees that affect benefit payments must comply with 1 CMC § 8383(b).</i> | |
| CURRENT MAILING ADDRESS: | | | |
| RESIDENTIAL ADDRESS (Only if you live in the CNMI) | | | |
| Street Name | | Village | |
| EMAIL ADDRESS (By providing an email address, you consent to service of documents by email.) | | CONTACT NUMBERS Cell: Home: Work: | |
| To ensure completion of your file, and avoid delays in processing, please provide a copy of the following: | | | |
| <input type="checkbox"/> All Notices of Personnel Action and employment contracts, if applicable, from the start of employment to present <input type="checkbox"/> All W2s from the start of employment to present <input type="checkbox"/> Application for Beneficiary of Death Benefit/Refund of Contributions <input type="checkbox"/> Driver's license, Mayor's ID, or passport | | | |
| I understand that any person who knowingly makes any false statement, or falsifies any record in an attempt to defraud the Settlement Fund is guilty of a misdemeanor, and shall be punishable under the laws of the Commonwealth of the Northern Mariana Islands. The Settlement Fund shall have the right to recover any payments made under false representations. I affirm that all information I have given on this document is true and correct to the best of my knowledge. | | | |
| MEMBER'S SIGNATURE | | DATE | |

FOR SETTLEMENT FUND USE ONLY

| | Complete | Date Received |
|---|-----------------|----------------------|
| Valid ID (required only if none on file) | | |
| W2s (required only if none on file) | | |
| Official Marriage Record (only if none on file) | | |
| Certified Divorce Decree | | |
| NOPA or Employment Contract(s) | | |
| Certified Adoption Decree | | |

