RETIREMENT BENEFITS
JSND/UNEMPLOYMENT INSURANCE
SFN 41241 (R. 07-09)

CO Use Only

Social Security Number*:	Benefit Year Ending:
Name:	Local Office:
Monthly Retirement Amount:	
Date Retirement Began:	
Source of Pension	
☐ Social Security ☐ Civil Service ☐ Military ☐ Other	
Name of Employer Who Contributed to Pension:	
Percentage of Employer's Contribution to Pension:	

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize (name of company managing your pension) _____ _____ to release any pension related information required by Job Service North Dakota (JSND) to allow JSND to determine the monetary impact of any pension payments received by me, the claimant, during the same period as unemployment insurance payments are issued. I do promise and agree that I will hold harmless any person, firm, organization, or entity from any and all liability that may arise by reason of, or because of, such disclosure and release of information.

I certify that the statements on this form are true to the best of my knowledge and belief. I know the law provides penalties for false statements made to obtain or increase benefits.

Dated this _____ day of _____.

_____
(Signature)

RETURN TO:

JOB SERVICE NORTH DAKOTA
UNEMPLOYMENT INSURANCE CLAIMS CENTER
PO BOX 5507
BISMARCK ND 58506-5507
-OR- FAX TO: 701-328-2728

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax, program eligibility purposes and program performance accountability.