

USE THIS FORM IF YOU ARE TRYING TO...

DENTAL INSURANCE FORMS:

<u>If You Are Trying To:</u>	<u>Use This Form</u>
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Enrollments & Waivers

Enroll a new employee	New Hire Kit SFN 54360
Waiver of participation for new employee	Dental Enrollment/Change Form

Changes/Additions

Report a name, marital, or address change	Notice of Change SFN 10766 and Dental Enrollment/Change Form
Report dependent loss of eligibility status	Notice of Status or Employment Change SFN 53611 and Dental Enrollment/Change Form
Report an employee transferring to another PERS participating agency	Notice of Transfer Kit SFN 53728
Report a leave of absence, leave of absence extension, or return from leave of absence	Notice of Status or Employment Change SFN 53611
Report an employee's classification change within agency	Notice of Status or Employment Change SFN 53611

Separation of Employment

Notify PERS of an employee's separation of employment (for all circumstances, including retirement, disability, and death)	Notice of Status or Employment Change SFN 53611
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Dental Insurance Enrollment/Change Form

THE VOLUNTARY DENTAL PROGRAM IS AVAILABLE ONLY TO EMPLOYEES OF STATE AGENCIES AND THE UNIVERSITY SYSTEM. The Dental Insurance Enrollment/Change Form is used to enroll employees in the voluntary dental plan or to make changes to existing coverage or records. The dental program runs on a calendar year.

ELIGIBILITY

To be eligible, an employee must be:

- ✓ at least 18 years of age
- ✓ work at least 20 hours per week for 20 or more weeks per calendar year,
- ✓ and be filling positions which are regularly funded and not of limited duration (i.e. permanent).

An eligible dependent includes:

- ✓ the subscriber's spouse under a legally existing marriage between persons of the opposite sex,
- ✓ children up to the age of 23 if they are unmarried and financially dependent on their parents for support,
- ✓ or are age 23 but less than age 26 and the child is attending college full-time (12 credits per semester) and is 50% financially dependent.
- ✓ **A CHILD CANNOT BE AN ELIGIBLE DEPENDENT OF MORE THAN ONE EMPLOYEE. A DEPENDENT OF AN EMPLOYEE WILL NOT BE ELIGIBLE IF THAT DEPENDENT IS ALSO AN EMPLOYEE.**

ENROLLMENT

New employees have an initial 31-day enrollment period from date of employment in which to apply for coverage. If application is not made within the first 31 days of employment, the employee may enroll during a designated annual enrollment season.

If an employee qualifies under a "life change event" such as losing coverage under a spouse due to death, divorce, or loss of spouse employer sponsored coverage, the employee can make application to obtain coverage within 31 days of loss of coverage. Note: the employee can only enroll themselves and dependents for coverage if the employee and/or their dependents lost coverage due to the life change event.

SPECIAL ENROLLMENT PERIODS

The Health Insurance Portability and Accountability Act (HIPAA) is intended to ensure portability of dental coverage for those individuals who must move from one plan to another as a result of loss of coverage under any other dental insurance plan. The act also specifies that plans allow special enrollment opportunities for employees and prohibits using health status (medical underwriting) as a basis for group dental insurance eligibility. The special enrollment periods allow an individual to enroll in the plan without any restrictions and are defined as follows:

- Within 31 days of date of hire.
- Add a spouse within 31 days of marriage. An employee who previously waived coverage is eligible to enroll in the plan at the same time that the employee's spouse is enrolled.
- Add a dependent within 31 days of birth or adoption, or placement for adoption or receiving legal guardianship, or court order to provide dental coverage. An employee and other dependents that previously waived coverage are also eligible to enroll in the plan at the same time that the employee's dependent is enrolled.
- Within 31 days of loss of coverage under any other dental insurance plan.

The following enrollment criteria will apply to individuals who enroll outside the special enrollment periods (late enrollees):

- Late enrollees may enroll during the Annual Enrollment Season and coverage will be effective January 1.

I.D. CARDS AND CERTIFICATE OF INSURANCE

I.D. Card and Certificates of Insurance can be viewed and/or printed from the NDPERS website. If the employer does not have the printing capability, they may contact the NDPERS office. The ID card should be presented to the provider when the insured person receives dental services. The certificate of insurance describes the benefits provided under the plan and is the employee's written record of plan benefits.

Following information is provided to you to assist ENROLL employees with accessing dental services and expediting claims processing. Employees cannot access the myCIGNA.com website unless he/she's account information has been entered into CIGNA's system. New enrollees must allow some time for this process. Likewise with the CIGNA customer support service.

- **Member ID Card:** ID cards are available and may be printed from the PERS web site at www.nd.gov/ndpers. Select Forms & Publications from the menu and then the Group Dental Plan Insurance. The card contains the NDPERS group account number **3328472** as well as the necessary information for you or your provider to file a claim. This card DOES NOT contain your Member ID number. To obtain your Member ID number, you must register on the myCIGNA.com web site or call CIGNA Customer Support.

- **Member ID Number:** Your Member ID number is a unique number used to identify each plan participant. It starts with a 'U' followed by 9 digits and an individual identifier number beginning with 01 for the subscriber, 02 for the spouse, 03 for first dependent, etc. You have two options available to obtain your Member ID number:
 1. If you have not already done so, go to myCIGNA.com web site home page and select the register button. Complete the personal information as requested. Where it asks for Member ID, provide your social security number and select continue. This will take you to the registration screen. After completing this step you can continue and will be provided with a profile of your account. You may download and print your Member ID card(s) which contains coverage information as well as your personal Member ID number and NDPERS group account number.
 2. If you do not have access to the internet, call CIGNA Customer Support at 1.800.244.6224. Respond 'Customer' for type of coverage and 'Member ID' for type of information. A customer service representative will then ask you to verify some personal information before providing you with your Member ID number. CIGNA will not mail out ID cards so please record the number and retain it for future reference.

- **Member Resources:** At myCIGNA.com, you also have convenient access to your personalized information and a variety of resources. At myCIGNA.com you can:
 - Download and print dental claim forms,
 - View screen shots of your personal individual and family maximums and deductibles,
 - Get answers related to common dental procedures,
 - Check the status of a claim,
 - Use the convenient 'cost calculator' to help you determine your out-of-pocket costs once your dental insurance is applied to your claim, or
 - Review your dental plan information.

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| <ul style="list-style-type: none">• Locating a Dentist: The Member ID Card contains information about how to locate a dentist. This DOES NOT apply to the PERS plan because we do not have a dental network. You may receive services from the dentist of your choice. |
| <ul style="list-style-type: none">• Filing Claims: In November of 2006, CIGNA sent letters to all the dental providers in the State of North Dakota notifying them of the change in carriers, our group number, the address to submit claims, and instructions to access an internet based provider portal to obtain eligibility, benefits, and claims information. Your provider can file a claim using either your social security number or your Member ID number. |

CHANGES/ADDITIONS

To ensure that the dental carrier records are up to date, the “**Dental Insurance Enrollment/Change Form**” must be completed for the following. For agencies not on the Central Payroll System, fax or mail to the carrier. For agencies on the State’s Central Payroll System, send all dental insurance enrollment/change forms directly to NDPERS.

- **Add Dependents:** An employee must complete and file a new form within 31 days of marriage, or the birth/adoption of a child. If application is not made within 31 days, dependents may be added during a designated annual enrollment season.
- **Delete Dependents:** An employee must complete and file a new form within 15 days prior to the 1st of the month in which the change in coverage is to take place. Dependents must be removed due to divorce, death, or dependent child no longer eligible. (See COBRA section).
- **Cancellation of Coverage:** An employee must complete and file a new form 15 days prior to the 1st of the month in which the coverage is to be cancelled. Note: if the employee is having the dental insurance premiums pre-taxed through payroll deduction, the employee is not allowed to cancel their coverage until the end of the plan year.
- **Change of Address:** An employee must complete and file a new form indicating a change of address.
- **Change of Name:** An employee must complete and file a new form indicating the name change

- **Transfer of Employment:** An employee is transferring to another eligible employer group (State agency or Higher Education), the new form must be complete and filed indicating the change in department numbers.

CONDITIONS UNDER WHICH DENTAL COVERAGE MAY BE CONTINUED

• Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act allows up to 12 weeks of unpaid leave.

Family and medical leave is available to employees who have been employed by the employer for at least 12 months and worked at least 1,250 hours for the employer during the previous 12 months.

During an unpaid leave under the FMLA, an employee may continue dental insurance coverage at his/her own expense.

References:

[NDCC 54-52.4 \(North Dakota Family Leave Act of 1989\)](#)

Public Law 103-3 (Family and Medical Leave Act of 1993 (Federal))

If the employee does not return from medical leave, he/she will have the right to COBRA continuation coverage at their own expense so long as premiums are up to date.

If an employee chooses not to continue the dental insurance during an unpaid leave, upon their return to active, eligible employment, they may be required to complete the Re-enrollment Restriction Period set forth in the Schedule of Benefits. Application must be made within 31 days of return.

• Unpaid Leave of Absence

An employee may continue dental insurance coverage at their own expense. If an employee elects not to continue dental coverage during the leave, they may be required to complete the Re-enrollment Restriction Period set forth in the Schedule of Benefits within 31 days of return to work. Application must be made within 31 days of return. Coverage will be effective the first day of the month following reinstatement of employment.

• Seasonal Employees

Seasonal employees are subject to the same requirements as stated above under "Leave of Absence."

Payroll is required to submit a notice to NDPERS that indicates the beginning and ending dates of the leave. You must continue to collect the employee's monthly premium and submit it with the monthly billing for employees who elect to continue their coverage.

FILING PROCEDURE

For agencies NOT on the State's Central Payroll system, the original form must be mailed or faxed directly to the dental carrier at:

Deb Holcombe
CIGNA Healthcare
PO Box 42018
Phoenix, AZ 85080-2018
Phone: 800-592-9219 ext 27752
Fax: 860-298-1790
Email: debra.holcombe@cigna.com

(This contact information is for the **employer only**; employees with questions must call CIGNA's customer service support center at 1.800.244.6224.)

For agencies on the State's Central Payroll system, the original form must be mailed or faxed directly to PERS at:

NDPERS
PO BOX 1657
Bismarck ND 58502-1657
Fax: 701-328-3920

Please retain a copy of the application form in your file.

WAIVER OF DENTAL COVERAGE

An employee must complete an application within 31 days of employment indicating they have waived coverage for themselves, or any of their eligible dependents. The employer must retain the waiver form in the employee's personnel file. **DO NOT FORWARD WAIVERS TO NDPERS OR THE PROVIDER – THEY ARE FOR YOUR RECORDS ONLY.**

NOTICE OF CHANGE
SFN 10766

This form is to be completed to notify and update **NDPERS** records of:

- Name change
- Address change
- Marital Status change

Whenever the Notice of Change **SFN 10766** is completed and sent to NDPERS, the authorized agent must certify the accuracy of the information or the member and the form must be dated. If someone other than the authorized agent or member signs the form, it will be returned for the proper signature.

1. Complete a marital status change whether there is a name change or not.
2. Name changes should match the name the member has filed with Social Security.
3. The authorized agent or the member must sign Part F of the Notice of Change **SFN 10766** to be valid.

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

NOTICE OF TRANSFER
SFN 53706

All instructions, terms and conditions are in the NDPERS Notice of Transfer Kit **SFN 53728**.

If the employee will not begin employment with a new participating agency within 31 days from the date of employee's last regular paycheck with your agency, both the employee and the authorized agent must complete a separation of employment kit.

Administrative Code Chapter **71-02-01-01(24)**: "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

Often employees will terminate their position with an employer participating in NDPERS and take a job with another employer who is also participating in NDPERS (**NDPERS Participating Employer Groups**).

√ If enrolled in the dental plan, no change in level of insurance coverage is allowed.

If employee transfers employment from one participating employer to another participating employer without terminating eligible employment, and in recognition of the fact that the current employer may not be aware of the circumstances regarding a departing employee's employment plans and subsequently a new employer will not receive any transfer information, NDPERS has developed a series of scenarios along with the required administrative procedures to follow depending on the particular situation. These procedures are designed to ensure transfers are processed consistently based on "what the employer knows at the time of separation of employment.

Situation: **Current employer knows the employee is transferring to another covered employer:**

1. Complete the Notice of Transfer Kit, which contains form **SFN 53706**
2. Send **SFN 53706** to the new employer

NOTICE OF TRANSFER (SFN 53706) continued

Situation: **Current employer has no knowledge that terminating employee is transferring to another covered employer:**

1. Current employer and employee complete the appropriate separation of employment kit
2. Send the complete kit to PERS
3. PERS will process accordingly in absence of any other information.

Situation: **New employer receives a Notice of Transfer SFN 53706 from a participating employer.**

1. Do not have transferring employee complete new enrollment forms for plans indicated in Part C of **SFN 53706**
2. Set up employee with benefits according to information provided in Part C of SFN 53706
3. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
4. Submit any new enrollment forms to PERS

Situation: **New employer is not aware a new employee is a transfer from another participating employer. Previous employer processed as a separation of employment and employee does not provide the information.**

1. Have new employee complete all required enrollment forms
2. Send the enrollment forms to PERS
3. If there is an existing record, and the hire date is within 31 days of separation from previous employer, PERS will notify you that employee is a transfer from another participating employer and will:
 - a. Void the enrollment forms for any programs that employee previously participated in.
 - b. Complete Parts A-D of the Notice of Transfer form and send it to new employer.
 - c. Employer will set up benefit record according to information provided in Part C of transfer form
 - d. Employer must complete Parts E and F on the form and return it to PERS

NOTICE OF TRANSFER (SFN 53706) continued

Situation: **New employer is aware a new employee is a transfer but previous employer treated as a separation of employment and did not complete a Notice of Transfer SFN 53706.**

1. Complete Parts A, E, and F of the Notice of Transfer SFN 53706
2. Send SFN 53706 to PERS
3. If hire date is within 31 days of separation from previous employer, PERS will complete Part C based on existing record and return the form to the new employer
4. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
5. Employer will set up the benefit record accordingly

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

NOTICE OF STATUS OR EMPLOYMENT CHANGE
SFN 53611

This form is to be completed to notify NDPERS of:

- Employee leave of absence/leave without pay
- Extending leave of absence/leave without pay
- Employee's return from leave of absence
- Employee classification change within agency
- Employee's reduction in hours
- Employee's separation from employment

This form is to be completed by the employer when the employee has a change in employment status. (Instructions and conditions are also listed on the other side of this form).

PART B: CHANGE OF STATUS

LEAVE OF ABSENCE

1. NDPERS must be notified whenever an employee is taking a leave without pay and the reason for the leave.
2. A leave of absence cannot exceed one year without being recertified. If an employee is taking an unpaid leave in excess of two years, the employee should be terminated.
3. NDPERS must be notified of a return from leave prior to the employer enrolling the employee in the dental plan. If an employee elects not to continue dental coverage during the leave, they may be required to complete the Re-enrollment Restriction Period set forth in the Schedule of Benefits.

CLASSIFICATION CHANGE

1. Often employees will change their position within the employer group. This may affect their eligibility for benefits, as well as, how the employee is reported to NDPERS.

NOTICE OF STATUS OR EMPLOYMENT CHANGE continued

REDUCTION IN HOURS

1. Often employees will change their position within the employer group. This may affect their eligibility for benefits, as well as, how the employee is reported to NDPERS.

PART C: SEPARATION OF EMPLOYMENT

1. If an employee is leaving the employer's service due to Termination (pre-retirement), Retirement, Disability Retirement, or Death, this form is in the NDPERS separation of employment kits. The employer must complete a Notice of Status or Employment Change **SFN 53611**. The PERS separation of employment kit includes all necessary forms the employer and employee are required to complete.

The employer or employee may obtain the following Kits:

- Refund/Rollover **SFN 53725**
- Deferred Retirement **SFN 53724**
- Disability Retirement Kit **SFN 53726**
- Retirement Kit **SFN 53723**

2. The "membership termination date" is the last date the employee worked at your agency in an eligible position.
3. The "last month insurance premium(s) will be paid by your agency/or this employee" is the date of the employee is on your group billing for this insurance plan.

PART D: PLAN INFORMATION

1. The employer must always complete this section.

PART E: AUTHORIZATION OF AUTHORIZED AGENT

1. The employer's authorized agent must always sign this section for the form to be valid.

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

CONTINUATION OF GROUP DENTAL COVERAGE (COBRA)
SFN 53535

This form is to be completed to either continue or discontinue dental insurance coverage by employees separating employment.

FEDERAL COBRA LAW

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that most employers provide employees and their dependents that lose their eligibility to participate in the Group Dental Plan an opportunity for a temporary extension (called "continuation coverage") to continue comparable coverage at their own expense at group rates.

1. **PERSONS AFFECTED:** The right to COBRA continuation coverage applies to all employees and must be offered to:
 - A. Employees who terminate either voluntarily or involuntarily. Termination as a result of gross misconduct is accepted;
 - B. An employees divorced or widowed spouse;
 - C. Spouses and dependent(s) losing coverage due to a terminated employee's eligibility for Medicare;
 - D. Dependents who reach the maximum age, marry, leave home, or if age 23 to 26, no longer attend school full-time or are not financially dependent.

Employees no longer eligible for participation in the Group Dental Plan may be eligible for COBRA coverage for a period of up to 18 months. Dependents (including spouses) no longer eligible for participation in the Group Dental Plan may be eligible for COBRA coverage for a period of up to 36 months.

If an individual is continuing the Group Dental Plan, upon receipt of SFN 53535, a confirmation notice is sent. There is no billing statement generated each month, therefore the member must either sign up for premium deduction from a account by completing SFN 50134 or remember to send NDPERS a personal check by the 15th of each month.

CONTINUATION OF DENTAL INSURANCE COVERAGE continued

2. **COVERAGE WILL NOT BE PROVIDED IF:**

- A. The individual enrolls in another Group Dental Plan or they (or any dependent) become eligible for Medicare while on COBRA continuation.
- B. The premium is not paid in a timely manner;
- C. The employer ceases to provide the Group Dental Plan to any employees;
- D. The (ex) spouse enrolls in another Group Dental Plan (including a new spouse's Group Dental Plan if they re-marry);
- E. The dependent enrolls in another Group Dental Plan (excluding CHAMPUS).

FILING PROCEDURE:

The original must be mailed directly to **NDPERS**. Please retain a copy of the application in your file.

GROUP DENTAL PLAN MONTHLY RECONCILING PROCEDURES

Pay Direct Agencies – All agencies that are not on Central Payroll.

(Higher Ed, District Health Units, Garrison Diversion Conservancy District, etc.)

The Dental Carrier will provide the monthly billing at the beginning of each month.

Step 1. Verify Coverage. Review the billing to make sure it includes the employees who should have insurance coverage for the billing month. Record any additions, deletions or changes on the billing.

Step 2. Reconcile payment to billing. The amount of premium that should be remitted with the billing should equal the original amount billed, plus any additions, less any deletions. If the payment does not equal the adjusted billing, you must provide a reconciliation of your payment amount to the billing as follows. Be sure to include the employee's name, premium amount and month for each adjustment.

Premium payment

Add premiums that you owe for the current month, that are not included in your payment

Subtract premiums that you paid for the current month, that you are requesting a refund for

Subtract premiums that are included in your payment that are for a prior month

Total must equal adjusted billing

- Step 3. Return the billing, along with your premium payment and premium reconciliation to the dental carrier by the end of each month.

Any questions on your billing should be directed to CIGNA:

Mary Sherrard

Phone: 1-423-321-5478

Email: mary.sherrard@cigna.com

Generic Customer Service: 1-800-592-9219 Option 2 for billing

Central Payroll Agencies

NDPERS will receive a monthly billing from CIGNA which PERS will compare to the payroll deductions received from PeopleSoft Payroll. PERS will follow up on any premium differences with the employer, as necessary.

Any personal checks received from an employee for their dental premium should be sent to PERS with an explanation of who the payment is for and for what month. Please notify PERS if an employee's dental premium was not deducted but you will be double deducting the premium on the next payroll.