



CONTINUATION OF GROUP INSURANCE COVERAGE (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 14120 (Rev. 09-2009)

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657

(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION

| | |
|----------------------------|------------------------|
| Name (Last, First, Middle) | Social Security Number |
|----------------------------|------------------------|

PART B CONTINUATION ELECTION

Employees terminating employment, or otherwise losing eligibility, may continue their NDPERS Group Insurance at their own expense for a maximum of 18 months subject to the following:

- 1) You must be a member of the plan at time of loss of eligibility.
- 2) Your spouse or any other dependent(s) applying for this continuation coverage must have been covered on the plan at the time of your separation from coverage.
- 3) You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.

If you do not choose continuation coverage, your coverage will end on the last day of the month for which premiums were paid. Please check the Waived box below, complete Part D, and return to NDPERS.

Select the requested action for each of the plans below. If continuing, check level of coverage.

- Health Insurance: Self Only Family Waive
 Dental Insurance: Self Only Family Employee & Spouse Employee & Child(ren) Waive
 Vision Insurance: Self Only Family Employee & Spouse Employee & Child(ren) Waive

If electing to continue insurance coverage, please list all eligible covered individuals below: *(You may elect continuation coverage for only those family members that were covered on the plan at the time of your separation from employment.)*

| Last Name | First Name | Middle | Gender | Social Security Number | Date of Birth |
|--------------|------------|--------|--------|------------------------|---------------|
| (Self): | | | | | |
| (Spouse): | | | | | |
| (Dependent): | | | | | |
| (Dependent): | | | | | |

PART C PAYMENT METHOD

If a payment method is not elected, you will be billed for the premium due. NDPERS bills the last week of each month for the following month's coverage. Your payment is due the 15th of the month. **Failure to remit your premium by the due date will result in loss of insurance coverage.**

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request must be submitted. The request must provide the contract holder's name, social security number and effective date. NDPERS must receive a cancellation request by the 15th of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

PAYMENT OPTION

- Withhold from bank account (Complete Authorization for Automatic Premium Deduction SFN 50134)

PART D MEMBER AUTHORIZATION

I have read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.

Signature of Applicant

Date of Signature

PART E NDPERS USE ONLY

| | | | |
|--------------|--|------------|----------|
| Group Number | Month the last insurance premium will be paid: | Begin Date | End Date |
|--------------|--|------------|----------|

PART A MEMBER INFORMATION

For member identification, please provide all requested information.

PART B NDPERS GROUP INSURANCE

Indicate which group insurance plan this election pertains to. If continuing coverage, indicate the level of coverage and list all covered individuals. You may elect continuation coverage for only those family members that were covered on the plan at the time of your separation from employment.

PART C PAYMENT METHOD

If you do not elect to have your insurance premium deducted from a bank, you will be sent a monthly billing for personal payment.

PART D MEMBER AUTHORIZATION

You must sign and date this form for it to be valid.

PART E NDPERS USE ONLY

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS