



CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53512 (REV. 10-2010)

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
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PART A PARTICIPANT/QUALIFIED BENEFICIARY INFORMATION		
Name (Last, First, Middle)	Employee ID (Required)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth	
PART B CONTINUATION OF COVERAGE ELECTION / WAIVER		
<p>If you elect Medical Spending Continuation coverage, it will be in effect to the end of the current plan year, or December 31.</p> <p>Do you wish to continue your current participation in the NDPERS Flexcomp Plan Medical Spending Account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> I wish to pre-pay the premium through the end of the plan year with pre-tax dollars deducted from my final pay checks.</p> <p><input type="checkbox"/> I will pay the premium plus a 2% administration fee with after-tax dollars through the remainder of the plan year.</p>		
PART C AUTHORIZATION OF APPLICANT		
<p>I have read the information in its entirety, including the back page, and agree to abide by the terms of the Plan Document. I certify, under penalties of perjury, that the information submitted on this form is true, correct and complete.</p>		
<p>_____</p> <p>Applicant's Signature</p>		<p>_____</p> <p>Date of Signature</p>

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

Entitlement to COBRA Coverage

Under provisions of the Internal Revenue Service (IRS) COBRA regulations, you have the opportunity to extend your participation in the Medical Spending Account to the end of the current plan year.

The employer has the responsibility to notify NDPERS of a participant's death, termination, or reduction in hours of employment.

Qualified Beneficiaries Your spouse or dependent(s) may elect to continue coverage in a medical spending account under the following circumstances:

1. Participant's death.
2. Divorce or legal separation.
3. A dependent child ceases to be a "dependent child" under the group health plan.

If you elect COBRA continuation, your premium payment will be based on the annual election amount in existence at the time of the qualifying event.

Under the law, it is the responsibility of the person seeking continuation coverage to inform NDPERS of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event. If you are interested in COBRA continuation coverage, contact NDPERS for more information.

Length of COBRA Coverage

You, your spouse or dependent(s), are eligible to receive continuation coverage until the end of the plan year, or December 31, in which the qualifying event occurred. If you have paid your premium through the end of the year on December 31 and have a balance in your account, you have the option to have eligible expenses incurred during the "grace period", from January 1 through March 15 of the new plan year, reimbursed from that remaining balance. You will have until April 30 to submit claims. Any amount remaining in your medical spending reimbursement account after the April 30 claims filing deadline is forfeited.

COBRA Coverage Premiums

Employees who elect COBRA continuation coverage are permitted to pre-tax the COBRA premium and pre-pay the premium through the end of the current plan year from their final paychecks.

To pay the premium with after-tax dollars throughout the plan year, submit the premium amount plus a two percent (2%) administrative fee by the first of each month. If you fail to pay the premium on time, your coverage will terminate on the last day of the month for which a contribution was received.

Continuation coverage under COBRA is provided subject to your eligibility. NDPERS reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage.

You will have 60 days from the date of this notice to inform NDPERS that you want continuation coverage.

IF YOU DO NOT RETURN THIS ELECTION FORM WITHIN 60 DAYS OF THE DATE OF THIS NOTICE YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE