



## VERIFICATION OF ALTERNATE RETIREMENT PLAN PARTICIPATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53863 (Rev. 05-2016)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657  
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

The North Dakota Public Employees Retirement System (NDPERS) allows a retiree who receives a retirement allowance from a participating political subdivision retirement plan, as approved by the NDPERS Board, to participate in the NDPERS Group Health Insurance plan so long as the eligible individual enrolls in the plan under a qualifying event. This form is used by NDPERS to determine if the individual is receiving a retirement allowance from an approved retirement plan. This form must accompany the Retiree Health Insurance with Medicare Application SFN 59562 or Continuation of Group Insurance Coverage (COBRA) SFN 14120 for processing.

**PLEASE READ IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS FORM.**

<b>PART A COMPLETED BY MEMBER</b>	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Plan/Provider Company Name:	
Type of Employer Sponsored Plan: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) 457: <input type="checkbox"/> State of ND <input type="checkbox"/> Other 457	
A retiree who has accepted a retirement allowance from a participating political subdivision's retirement plan may elect to participate in the NDPERS group health insurance plan subject to the requirements of the Board. <b>A copy of a current statement must accompany this form.</b> I have read this application in its entirety and certify that the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans applied for based on this application.	
_____	_____
Member's Signature	Date of Signature
<b>PART B TO BE COMPLETED BY EMPLOYER/ADMINISTRATOR OF ALTERNATE RETIREMENT PLAN</b>	
Name of Organization	NDPERS Organization ID
Plan/Provider Company Name:	
Verify Account Type: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) 457: <input type="checkbox"/> State of ND <input type="checkbox"/> Other 457 plan	
Effective Date of Payment:	Payment Status: <input type="checkbox"/> Reoccurring Payment <input type="checkbox"/> Account Closed
As administrator of the above-named eligible plan, I certify that the member listed in Section 1 is a participant in an eligible retirement plan that meets the requirements for continued participation in the NDPERS group health plan and the above information is true and correct.	
_____	_____
Authorized Agent's Signature	Date of Signature

# Dakota Retiree Plan

This contains information regarding the Dakota Retiree Plan. This is general information and may not be considered to be a legal interpretation of law. Statements do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board. Please refer to the Certificate of Insurance for complete details.

## ELIGIBILITY

To be eligible to continue the Dakota Plan if enrolled as an active employee or join the Dakota Retiree Plan:

A member must be receiving a “retirement allowance” from:

- North Dakota Public Employees Retirement System (NDPERS)
- Defined Benefit Plan
- Defined Contribution Plan
- North Dakota Highway Patrol Retirement System (NDHPRS)
- Job Service Retirement Plan
- Teacher’s Fund for Retirement (TFFR)
- Teachers Insurance and Annuity Association (TIAA) - North Dakota University System only

A member of certain Political Subdivisions, if enrolled in the Dakota Plan as an active employee, and:

Receiving a “retirement allowance” from a NDPERS Board approved employer sponsored retirement plan, such as:

- 401(a)
- 401(k)
- 403(b)
- 457

A retiree continuing coverage from active employment in the Dakota Plan can continue coverage for 18 months of (COBRA). After COBRA ends, if the retiree or spouse is not eligible for Medicare, the retiree will need to find coverage outside of NDPERS until they or their spouse is Medicare eligible.

## ENROLLMENT

A member who is receiving a qualified retirement allowance must apply within 31 days from any one of the following “qualifying events”: Eligibility based upon if a member was receiving benefits prior to July 2015 will be verified at the time of enrollment.

1. Date of retirement, defined as either:  
The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or Date of first retirement check if member deferred his/her retirement benefit.
1. Member’s 65th birthday or eligibility for Medicare;
2. Member’s spouse or eligible dependent’s 65th birthday or eligibility for Medicare;
3. The loss of coverage in a health plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
4. Marriage
5. Birth, adoption, or appointment of children for legal guardianship.

A retiree may be determined ineligible to enroll at the time of a qualifying event if he and/or his spouse is not Medicare eligible and the retiree was not receiving benefits prior to July 2015.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.