EMPLOYER PAYMENT PLAN FOR HEALTH INSURANCE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 54422 (Rev. 01-2014)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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Pursuant to the North Dakota Administrative Code Chapter 71-03-07-01, NDPERS requires that all **new groups** to pay at least the minimum employer contribution, which is defined as at least 50% of the single premium.

PART A PARTICIPATING AGENCY

Organization Name	NDPERS Organization ID

Effective Date of Election

PART B PAYMENT PLAN

Please provide the employer/employee contributions for active health coverage:

Employer responsibility for a: SINGLE is $_____ which is _____%

FAMILY is $_____ which is _____%

Employee responsibility for a: SINGLE is $_____ which is _____%

FAMILY is $_____ which is _____%

Blue Cross Blue Shield of North Dakota (BCBSND) will be conducting an annual review of each political subdivision for minimum participation and minimum contribution requirements. Therefore, it is necessary for NDPERS to establish a record of each political subdivision's current premium arrangement.

PART C CERTIFICATION BY AGENCY HEAD/CONTRACTING AUTHORITY

I understand that this "Employer Payment Plan for Health Insurance SFN 54422" will remain in effect until a written notice of cancellation or a new plan is filed. Any changes to the employer's minimum contribution must be reported to the NDPERS office prior to the change being made to assure the change adheres to the minimum contribution guidelines per the Employer Participation Agreement.

_____ _____

Authorized Agent's Signature Date of Signature