



REQUEST TO COMBINE RETIREE HEALTH INSURANCE CREDITS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58591 (Rev. 12-2009)

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

PART A MEMBER INFORMATION – LIST NAMES OF BOTH SPOUSES	
Member's Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Member's Name (Last, First Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
PART B NOTICE TO MEMBER	
PLEASE READ THIS ENTIRE NOTICE CAREFULLY	
<p>Members are responsible for authorizing and informing NDPERS when to start and stop combining their respective retiree health insurance credits.</p> <p>Any election received prior to the 15th of the month will be effective the first of the following month unless otherwise noted in Part C. Retroactive adjustments to retiree health insurance credits or levels of coverage will not be accommodated if you fail to inform NDPERS when to start and stop combining retiree health insurance credits or change level of coverage.</p> <p>This election must be accompanied with a Retiree Health Insurance Application SFN 16277. This form must be completed by the contract holder.</p> <p><u>Before making your decision, please examine all your options to be sure you understand the plan coverages.</u></p>	
PART C EFFECTIVE DATE _____ / _____ / _____	
PART D AUTHORIZATION – MUST BE SIGNED BY BOTH SPOUSES	
<p>Cancellation Policy: NDPERS must receive a cancellation request by the 15th of the month prior to the effective date. We cannot cancel for a partial month or do a retroactive cancellation. To request a cancellation, complete a Request to Cancel Combined Retiree Health Insurance Credits SFN 58592.</p> <p>Please combine our respective retiree health insurance credits. We understand that it is our responsibility to authorize or inform NDPERS when to start and stop combining retiree health insurance credits. We also understand that NDPERS will research their records for our marriage certificate. If not on record, NDPERS will request and we will be required to submit this document before this authorization can go into effect.</p>	
Please combine our retiree health insurance credits into this account: (Social Security Number):	
Member's Signature:	Member's Signature:

INSTRUCTIONS

Part A Member Information

For member identification, please provide all requested information.

Enter the names of both members.

Part B Notice to member

Read this section carefully! This section contains important information that you need to know before combining retiree health insurance credits.

Part C Effective Date

Enter the effective date. Any authorizations received prior to the 15th of the month will be effective the first of the next month, unless otherwise noted

Part D Authorization

Both members must sign SFN 58591 to be valid.