



REQUEST TO CANCEL COMBINED RETIREE HEALTH INSURANCE CREDITS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58592 (Rev. 07-2010)

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. 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.</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. SFN 16277 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>Please discontinue combining 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.</p>	
Member's Signature:	Member's Signature:

INSTRUCTIONS

Part A Member Information

Enter the names of members, social security numbers, and day time telephone number.

Part B Notice to member

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

Part C Effective Date

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

Part D Authorization

Both members must sign SFN 58592 to be valid.