



**REQUEST FOR GROUP PARTICIPATION IN THE EXCLUSIVE PROVIDER ORGANIZATION (EPO ONLY OPTION)**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 58612 (Rev. 07/07)

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

**PART A: AGENCY INFORMATION**

Agency Name:

Dept Number:

**PART B: EPO ELECTION**

The above referenced agency is electing the Exclusive Provider Organization (EPO Only) option for its group effective on \_\_\_\_\_, 20\_\_\_\_\_.

We understand that:

- All eligible employees of the above referenced agency that elect coverage in the NDPERS group health insurance plan must affiliate with an EPO provider by completing the Employee Selection Form.
- We cannot discontinue this option prior to June 30 which is the end of the affiliation period.

To discontinue the EPO Only affiliation, the agency head/contracting authority must submit a letter to NDPERS 60 days prior to July 1.

\_\_\_\_\_  
Signature of Agency Head/Contracting Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position or Title

**PART C NDPERS USE ONLY**

Approved      Effective Date: \_\_\_\_\_

Denied      Date Denied: \_\_\_\_\_ Reason: \_\_\_\_\_