



RETIREE HEALTH INSURANCE WITH MEDICARE APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 59562 (Rev. 06-2011)

59562

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657

(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920

PART A MEMBER INFORMATION										
Member Name (Last, First, Middle)							NDPERS Member ID			
Last Four Digits of Social Security Number							Date of Birth			
Spouse Name (Last, First, Middle)										
Address				City			State		Zip Code	
Date of Retirement										
PART B LEVEL OF COVERAGE										
Effective Date of Change (MM-DD-YYYY):										
<input type="checkbox"/> I DO NOT want health insurance at this time <input type="checkbox"/> Single Coverage (Self Only) <input type="checkbox"/> Family Coverage (Self and other eligible family members)										
Change Reason										
<input type="checkbox"/> New Coverage <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Transfer from existing policy <input type="checkbox"/> Remove Dependent <input type="checkbox"/> Add Dependent: Is this an adult child? <input type="checkbox"/> No <input type="checkbox"/> Yes. <u>Please answer the following questions.</u> Is adult child married? <input type="checkbox"/> No <input type="checkbox"/> Yes Is adult child eligible to enroll under their own or spouse's employer insurance plan? <input type="checkbox"/> No <input type="checkbox"/> Yes Is adult child Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes										
PART C DEPENDENT INFORMATION										
1. <u>List all family members to be covered under the plan, other than yourself.</u> a. Indicate dependent's address below name if address is different from yours. b. For <u>Relationship</u> to you, enter one of the following: Spouse, child, stepchild, adopted child, legal guardian, or grandchild. c. For <u>Marital Status</u> , enter one of the following: (S) Single, (M) Married, (D) Divorced, or (W) Widowed										
Are you or spouse or any of your eligible dependents currently covered by Medicare due to ESRD? <input type="checkbox"/> No <input type="checkbox"/> Yes										
Last Name	First Name	Middle Name	Date of Birth	Gender	Relationship	Marital Status	Medicare Part A*	Medicare Part B*	Effective Date	
(Spouse)					Spouse		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
(Dependent)							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
(Dependent)							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

NOTICE TO MEMBER (Please refer to the “Dakota Plan & Dakota Retiree Plan” information)

***If you checked YES, you MUST submit a photocopy of the applicable Medicare ID card(s) and complete the MedicareBlue Rx Prescription Drug Plan Group Enrollment Form.** In order to continue or obtain coverage under the Dakota Plan or Dakota Retiree Plan, any Medicare Eligible member MUST carry both Parts A & B of Medicare to remain eligible for our health plan. Therefore, to remain on our plan or obtain new coverage, any eligible Medicare member should not defer Part B of Medicare when he/she becomes eligible for it. The Medicare Blue Rx Prescription Drug Plan Group Enrollment Form may be obtained on our website at www.nd.gov/ndpers or by calling NDPERS at 328-3900 or 1-800-803-7377.

Any eligible Medicare member must provide proof of enrollment by submitting a photocopy of the applicable Medicare ID card.

If you are drawing a pension from a NDPERS defined benefit plan (NDPERS/NDHPRS), the Teacher’s Fund for Retirement (TFFR), or the Job Service Retirement Plan, you can have your health insurance premium deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account.

If you are drawing a pension from TIAA-CREF or the NDPERS Defined Contribution Plan or you are an ex-legislator, your health insurance premiums must be withheld from a bank account.

PART D PAYMENT METHOD

RETIREMENT GROUP

- NDPERS/NDHPRS TFFR Job Service
 TIAA-CREF NDPERS Defined Contribution
 Ex-Legislator Alternate Retirement System

PAYMENT OPTION – MUST SELECT ONE

- Deduct from pension check (Option only available for NDPERS/NDHPRS, TFFR, Job Service)
 Withhold from bank account (Complete [SFN 50134](#))

PART E MEMBER AUTHORIZATION

I authorize the Social Security Administration to furnish Blue Cross Blue Shield of North Dakota with medical or other information acquired under the Title XVIII Program (MEDICARE) during the periods my contracts are in force. I authorize BCBS of North Dakota, or its agent to receive medical information from physicians, hospitals, and other health care providers in order to assure appropriateness of claims payment.

I read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans insured based on this application.

Signature of Applicant

Date Signed