



A - Always Applicable
None/Not Applicable

IA - If
N -

	<i>Section 1 - Completed by Payroll</i>	<i>Section 2</i>	<i>Section 3 - Left Box</i>	<i>Section 3 - Right Box</i>	<i>Section 4</i>	<i>Section 5</i>	<i>Section 6</i>	<i>Required Documents</i>
ENROLLMENT - NEW HIRE Must complete enrolment form within 31 days of date of hire.	A	A	A	If currently not on a BCBS contract, check "New Coverage". If currently have other coverage, check "Transfer from" box.	IA	IA	A	N
1. Declining coverage	N		Complete a Waiver of Health Coverage Form					
LIFE CHANGE EVENTS - Must complete enrollment form within 31 days of date of change.								
Marriage								
Add spouse & step child(ren) (step children may only be added if the spouse is being added.)	A	A	A	N	A	IA	A	N
State employee marries another state employee each with own NDPERS contract: Employee with longest service with state must apply for family coverage. (Cannot have 2 single State contracts.)	A		A	A - Check Transfer box and complete Section 5.	A	A	A	N
State employee marries an employee with a participating political subdivision each with own NDPERS contract have the following options:	See 1 & 2 below							
1. Each may retain their current contracts with covered dependents, if any.	A	A	N	N	N	N	Y	N



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2. Retain coverage under one contract and drop other coverage; include children/step-child(ren), if anv.

Add spouse & children/step-child(ren) due to loss of other employer sponsored coverage.

Employee, spouse & children/step child(ren) lose coverage under spouse's employer sponsored plan.

Change coverage to contract under spouse's name if eligible for NDPERS coverage due to separation from employment/call to active duty or death of contract holder.

Termination/Retirement

Termination of employment

Retirement

Birth/Adoption/Guardianship

Currently have family coverage.

Currently have single coverage.

Grandchild - birth parent currently covered on contract

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Section 2

Section 3 - Left Box

Section 3 - Right Box

Section 4

Section 5

Section 6

Required Documents

A

A

A

A - Check Transfer box and complete Section 5.

A

A

A

N

A

A

IA

A - Check Transfer box and complete Section 5

A

A

A

Certificate of Creditable coverage from former carrier; copy of court order that spouse is required to provide coverage

See Enrollment - New Hire section

Certificate of Creditable coverage from former carrier; copy of court order that spouse is required to provide coverage

A

A

A

A - Check Transfer box and complete Section 5

IA

A

A

N

N

Group Health Insurance Coverage (CORBA) SFN 14120

N

N

N

N

N

N

N

See Retirement Kit

A

A

N

A - Change in Dependents & Date of Change

A

IA

A

Adoption/Guardianship papers

A

A

A

A - Change in Dependents & Date of Change

A

IA

A

Adoption/Guardianship papers

A

A

N

A - Change in Dependents & Date of Change

A

IA

A

Certified copy of Birth Certificate



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Grandchild(ren) - court order

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A - Always Applicable None/Not Applicable Grandchild(ren) - court order	A	A	IA	A - Change in Dependents & Date of Change	A	IA	A	Copy of Court Order
Adding Dependents Following Loss in Coverage								
Under age 23 - must be at least 50% financially dependent and unmarried.	A	A	IA	A - Change in Dependents & Date of Change	A	IA	A	Certificate of Creditable coverage from former carrier; if step-child(ren), copy of court order that spouse is required to provide coverage.
Adding eligible dependent between age 23 and 26 returning to school. Must be at least 50% financially dependent and a full-time student.	A	A	IA	A - Change in Dependents & Date of Change	A	IA	A	Requires confirmation (not class schedule) from an accredited institution that student is registered for at least 12 semester credits. If step-child(ren), copy of court order that spouse is required to provide coverage.
Removing Spouse/Dependents - Loss of Eligibility								
Dependent, turns age 23 or 26, marries, is no longer financially dependent, registered for school, or dies.	A	A	IA.	A - Change in Dependents & Date of Change	IA	IA	A	N
Spouse - divorce or legal separation	A	A	IA	A - Change in Dependents & Date of Change	IA	IA	A	Copy of final Divorce Order or Legal Separation papers
Spouse - death	A	A	IA.	A - Change in Dependents & Date of Change	IA	IA	A	N
TRANSFERS								



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Transfer from state agency to state agency or from a state agency to a participating political subdivision or vice versa - employees with less than a 30 day lapse in employment

Employees returning to work with a participating governmental entity with more than 30 days lapse in employment.

RESERVIST POLICY- CALL TO ACTIVE DUTY

Absences of 30 days or less. no action required.

Absences in excess of 30 days have following options:

1. Employee and any eligible family members covered at time of activation eligible for COBRA.

2. Employee can drop NDPERS Coverage and elect TRICARE for self and any family members.

3. Choose coverage through another group plan.

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	N	N	Complete a Transfer Kit SFN 53728	N	N	N	N	N
	See Enrollment - New Hire section							
RESERVIST POLICY- CALL TO ACTIVE DUTY								
	No action required.							
	See 1, 2 & 3 below							
	N							Complete Continuation of Group Health coverage, SFN 14120 or refer to policy under Life Change Events regarding changing coverage to contract in spouse's name if eligible for NDPERS
	N							Must submit letter to payroll outlining this intention.
	N							Must submit letter to payroll outlining this intention.

