



## REQUEST TO COMBINE RETIREE HEALTH INSURANCE CREDITS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58591 (Rev. 06-2015)

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657

(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

<b>PART A MEMBER INFORMATION – LIST NAMES OF BOTH SPOUSES</b>	
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
<b>PART B NOTICE TO MEMBER</b>	
<b>PLEASE READ THIS ENTIRE NOTICE CAREFULLY</b>	
<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 15<sup>th</sup> of the month will be effective the first of the following month unless otherwise noted in Part C. Combining retiree health insurance credits or changing level of coverage cannot be retroactive.</p> <p><b>This election must be accompanied with an NDPERS health insurance application for family coverage. This form must be completed by the contract holder.</b></p> <p><b><u>Before making your decision, please examine all your options to be sure you understand the plan coverages.</u></b></p>	
<b>PART C EFFECTIVE DATE</b>	_____ / _____ / _____
<b>PART D AUTHORIZATION – MUST BE SIGNED BY BOTH SPOUSES</b>	
<p><b>Cancellation Policy:</b> NDPERS must receive a cancellation request by the 15<sup>th</sup> 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 <b>Request to Cancel Combined Retiree Health Insurance Credits SFN 58592</b>.</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> <p>I also authorize NDPERS staff to discuss health, dental, vision, and long term care insurance information along with my individual retiree health insurance credit amount with my spouse.</p>	
<b>Please combine our retiree health insurance credits into this account:</b>	
<b>Name:</b>	<b>NDPERS Member ID:</b>
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 15<sup>th</sup> 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.