



## REQUEST TO CANCEL COMBINED RETIREE HEALTH INSURANCE CREDITS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 58592 (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. 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.</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 single 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</b>	<b>EFFECTIVE DATE</b> _____ / _____ / _____
<b>PART D AUTHORIZATION – MUST BE SIGNED BY BOTH SPOUSES</b>	
<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 15<sup>th</sup> 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.