54422

EMPLOYER PAYMENT PLAN FOR HEALTH INSURANCE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 54422 (Rev. 09-2021)

Clear Form

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Pursuant to the North Dakota Administrative Code Chapter 71-03-07-01, NDPERS requires that all **new groups** to pay at least the minimum employer contribution, which is defined as at least 50% of the single premium.

PART A PARTICIPATING AGENCY

Organization Name	NDPERS Organization ID
Effective Date of Election (mm/dd/yyyy)	

PART B PAYMENT PLAN

Please provide the employer/employee contributions for active health coverage

Employer responsibility		Employee responsibility	
☐ Single		☐ Single	
Amount $	Percent %	Amount $	Percent %
☐ Family		☐ Family	
Amount $	Percent %	Amount $	Percent %

Sanford Health Plan (SHP) will be conducting an annual review of each political subdivision for minimum participation and minimum contribution requirements. Therefore, it is necessary for NDPERS to establish a record of each political subdivision's current premium arrangement.

PART C CERTIFICATION BY AGENCY HEAD/CONTRACTING AUTHORITY

I understand that this "Employer Payment Plan for Health Insurance SFN 54422" will remain in effect until a written notice of cancellation or a new plan is filed. Any changes to the employer's minimum contribution must be reported to the NDPERS office prior to the change being made to assure the change adheres to the minimum contribution guidelines per the Employer Participation Agreement.

Authorized Agent's Signature (Electronic Signature will not be accepted)	Date of Signature