

North Dakota Public Employees Retirement System

# DENTAL INSURANCE

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## Enrollments & Waivers

For each new permanent and temporary employee, the authorized agent must complete the online “Setup New Employee”. See your PERSLink Employer Self Service Guide.

Did you know that employees can complete their benefit plan enrollment(s) using PERSLink Member Self Service (MSS)?

PERSLink MSS provides online access to benefit information, the ability to complete benefit enrollments and changes, as well as updating personal profile information\* instead of completing paper forms and submitting to NDPERS.

\*If you are a state or higher ed employer on the PeopleSoft payroll system, any updates to personal profile information should be completed through PeopleSoft and will transfer over to the NDPERS business system automatically.

<b><u>If You Are Trying To:</u></b>	<b><u>Use the</u></b>
Enroll a new employee in the dental plan	New Hire Guide and Forms
Waive participation for new employee	Waiver of Insurance Coverage-SFN 58819
Switch an employee from temporary employment to permanent employment	New Hire Guide and Forms

## Changes/Additions

Report a name, marital, or address change	<ul style="list-style-type: none"><li>• Notice of Change-Member Data Record-SFN 10766</li><li>• Dental/Vision Insurance Application or Change-SFN 58792</li></ul>
Report dependent loss of eligibility status	Dental/Vision Insurance Application or Change-SFN 58792
Report an employee transferring to another NDPERS participating agency	Notice of Transfer Guide and Forms
Report a leave of absence, leave of absence extension, or return from leave of absence	Submit “Leave of Absence” request through Employer Self Service
Report an employee’s classification change within agency	Submit “Update Employment” request through Employer Self Service

## Separation of Employment

Notify NDPERS of an employee’s separation of employment	Submit “Terminate Employee” request through Employer Self Service
Report the death of an active employee	Use the “Report a Death” functionality through Employer Self Service

**DENTAL/VISION INSURANCE APPLICATION OR CHANGE  
SFN 58792**

SFN 58792 is used to enroll employees in the group Dental Insurance Plan. Employees who add or delete dependents or have a change in marital status also need to complete this form.

**THE DENTAL INSURANCE PROGRAM IS AVAILABLE ONLY TO EMPLOYEES OF STATE AGENCIES, THE UNIVERSITY SYSTEM AND DISTRICT HEALTH UNITS.**

**NEW ELIGIBLE EMPLOYEES (INCLUDING SEASONAL EMPLOYEES)**

To be eligible, they must be:

- ✓ at least 18 years of age
- ✓ work at least 20 hours per week for 20 or more weeks per calendar year,
- ✓ and be filling positions which are regularly funded and not of limited duration (i.e. permanent).

NDPERS must accept all applications for coverage with no restrictions, limitations or waiting periods for the employee and all eligible dependents. Coverage will be effective the first of the month following date of eligible employment **and must be continued for the duration of the calendar year unless the employee would terminate employment.** If application is not made within the first 31 days of employment, the provisions of the Special Enrollment Periods will apply. An employee who elects not to enroll themselves or their eligible dependent(s) must complete a Waiver of Insurance Coverage-SFN 58819.

**ELIGIBLE DEPENDENTS**

- The Subscriber's spouse under a legally existing marriage.
- The Subscriber's or the Subscriber's living, covered spouse's children until the end of the month of their 26<sup>th</sup> birthday.
  - An eligible dependent child can be married and have other coverage. However, the dependent child's spouse cannot be covered.
  - If an eligible dependent child is on the contract and has a child, the grandchild can be covered also, as long as the dependent child is chiefly dependent upon the Subscriber. The Grandchild Eligibility Verification-SFN 60983 form will be required to verify dependency.
  - If an eligible dependent child becomes employed with an NDPERS covered employer under the dental plan, the child dependent may waive coverage with their employer group and remain on the Subscriber's policy until they attain age 26. Upon attaining age 26 and losing eligibility, the child may transfer to their employer coverage by making application within 31 days of the loss of coverage.
  - An eligible dependent child may be added at the time the eligible employee originally becomes effective or may be added anytime up to 30 days following the child's 3rd birthday. In the event that the dependent child is not added within 30 days following their 3rd birthday, that child may be added only if there is a Family Status Change or at the next annual open enrollment period.

**A CHILD CANNOT BE AN ELIGIBLE DEPENDENT OF MORE THAN ONE EMPLOYEE. A DEPENDENT OF AN EMPLOYEE WILL NOT BE ELIGIBLE IF THAT DEPENDENT IS ALSO EMPLOYED BY AN NDPERS EMPLOYER AND ELECTS COVERAGE THROUGH THE EMPLOYER.**

## **ENROLLMENT PERIODS**

The Health Insurance Portability and Accountability Act (HIPAA) is intended to ensure portability of dental coverage for those individuals who must move from one plan to another as a result of loss of coverage under any other dental insurance plan. The act also specifies that plans allow special enrollment opportunities for employees and prohibits using health status (medical underwriting) as a basis for group dental insurance eligibility. The special enrollment periods allow an individual to enroll in the plan without any restrictions and are defined as follows:

- Within 31 days of date of hire for eligible new employees. Coverage is effective the first of the month following the date of hire.
- Add a spouse within 31 days of marriage. An employee who previously waived coverage is eligible to enroll in the plan at the same time that the employee's spouse is enrolled. Coverage is effective the first of the month following the date of marriage.
- Add a dependent within 31 days of birth or adoption, or placement for adoption or receiving legal guardianship, or court order to provide dental coverage. An employee and other dependents that previously waived coverage are also eligible to enroll in the plan at the same time that the employee's dependent is enrolled.
  - If the qualifying event is birth, adoption, or placement for adoption, coverage for the newborn (and any newly added dependents) is effective the first of the month in which the birth, adoption, or placement occurred. Proof of the adoption or placement will be required.
  - If the qualifying event is legal guardianship or court order, the coverage effective date is the first of the month following the legal guardianship or court orders. Proof of the legal guardianship or court order will be required.
- Within 31 days of loss of coverage under any other dental insurance plan due to death, divorce, or loss of spouse employer sponsored coverage. The employee must make application to obtain coverage within 31 days of loss of coverage. **NOTE:** The employee can only enroll themselves and dependents for coverage if the employee and/or their dependents lost coverage due to the life change event. Coverage is effective the first of the month following the loss of coverage date. A Certificate of Insurance showing the last date of coverage will be required from the previous carrier.

The following enrollment criteria will apply to individuals who enroll outside the special enrollment periods (late enrollees) previously listed:

- Late enrollees may enroll during the annual open enrollment period. Coverage will be effective January 1.

## **CHANGES/ADDITIONS**

**Add Dependents:** Individuals will be able to increase their level of coverage subject to qualifying events and application within 31 days of the event. The change must be consistent with the IRS qualifying event. An employee must complete and file a new application within 31 days of marriage or the birth/adoption of a child. If application is not made within 31 days, dependents may be added during the designated annual open enrollment period.

**Delete Dependents:** Individuals will be able to increase or decrease their level of coverage subject to qualifying events and application within 31 days of the event. The change must be consistent with the IRS qualifying event. An employee must complete and file a new application with NDPERS by the end of the month prior to 1<sup>st</sup> of the month in which the change in coverage is to take place. Dependents must be removed due to divorce, death, or when a dependent child is no longer eligible (see [COBRA section](#)).

**Cancellation of Coverage:** Effective January 1, 2018, individuals that participate in the NDPERS dental plan will be required to have coverage for a full calendar year. Coverage may

only be cancelled during the calendar year if the individual terminates employment or loses eligibility due to employment status change.

#### **I.D. CARDS, CERTIFICATE OF INSURANCE, & SERVICES**

Certificates of Insurance can be viewed and/or printed from the NDPERS website under Active Members, Insurance Plans menu option, then clicking on dental insurance. I.D. Cards are provided to the member from the carrier upon enrollment.

#### **CONDITIONS UNDER WHICH DENTAL COVERAGE MAY BE CONTINUED**

##### **• Family and Medical Leave Act (FMLA)**

The Family and Medical Leave Act allows up to 12 weeks of unpaid leave. Family and medical leave is available to employees who have been employed by the employer for at least 12 months and worked at least 1,250 hours for the employer during the previous 12 months.

**References:** NDCC 54-52.4 (North Dakota Family Leave Act of 1989) Public Law 103-3 (Family and Medical Leave Act of 1993 (Federal))

During an unpaid leave under the FMLA, an employee may continue dental insurance coverage at his/her own expense. If the employee does not want to continue their coverage during the leave, the employer or employee should contact NDPERS.

If an employee elects not to continue dental coverage during the leave, member must submit request in writing to NDPERS. Application must be made within 31 days of return in order to re-enroll in the benefit. Coverage will be effective the first day of the month following reinstatement of employment at the same level of coverage in place prior to start of leave.

If the employee does not return from medical leave, he/she will have the right to COBRA continuation coverage at their own expense so long as premium payments are up to date.

##### **• Leave of Absence (Paid/Unpaid – not FMLA)**

If an employee goes on a non-FMLA leave of absence, the employer should update their employment status to be Leave of Absence with NDPERS.

An employee may continue dental insurance coverage at their own expense. If employee does not want to continue their coverage during the leave, the employer or employee should contact NDPERS. An employee may also cancel their dental coverage during the unpaid leave by completing Dental/Vision Insurance Application or Change-SFN 58792.

If an employee elects not to continue dental coverage during the leave, member must submit request in writing to NDPERS. Application must be made within 31 days of return in order to re-enroll in the benefit. Coverage will be effective the first day of the month following reinstatement of employment at the same level of coverage in place prior to start of leave.

**Payroll is required to submit a notice to NDPERS that indicates the beginning and ending dates of the leave.** You must continue to collect the employee's monthly premium and submit it with the monthly billing for employees who elect to continue their coverage.

##### **• Seasonal Employees**

Seasonal employees are subject to the same requirements as stated above under "[Leave of Absence \(Paid/Unpaid – not FMLA\)](#)".

• **USERRA Leave of Absence**

For leaves of less than 31 days, benefits continue as if the member has not been absent. For leaves of 31 days or more, coverage may be continued for the employee and any eligible dependents until the earliest of the following:

- 24 months from the last day of employment with the Employer (COBRA);
- the day after the employee fails to return to work; and
- the date the policy cancels.

If the member elects COBRA continuation, a Continuation of Group Insurance Coverage (COBRA)-SFN 14120 must be completed and submitted to their payroll/human resource office or NDPERS. If they elect COBRA continuation, the member will be direct billed for the monthly premium.

If the member does not elect COBRA continuation while on leave, he/she must complete Continuation of Group Insurance Coverage (COBRA)-SFN 14120 or submit a letter to payroll outlining this intention. Send all forms or letters requesting changes in coverage to NDPERS. If coverage is cancelled during the leave, the member may reapply for coverage within 31 days of the date they return to active employment. A copy of the discharge papers must accompany the Dental/Vision Insurance Application or Change-SFN 58792. Coverage will be reinstated and all services per the benefit schedule will be available. If an application is not submitted within this period, the member may enroll during the annual enrollment period and coverage will be effective January 1.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

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**WAIVER OF INSURANCE COVERAGE  
SFN 58819**

If an employee is declining coverage, he/she must complete the Waiver of Insurance Coverage-SFN 58819 within 31 days of employment start date indicating they have waived coverage for themselves and/or any of their eligible dependents.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.



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**NOTICE OF CHANGE-MEMBER DATA RECORD  
SFN 10766**

This form is to be completed to notify NDPERS of:

- Name change
- Address change
- Marital Status change
- Telephone Number change
- E-mail Address change
- Contact change

**Whenever the Notice of Change-Member Data Record-SFN 10766 is completed and sent to NDPERS, the accuracy of the information must be certified by the authorized agent or the member and the form must be dated. If someone other than the authorized agent or member signs the form, it will be returned for the proper signature.**

For **FURTHER** instructions on completing the form, please refer to the back of the form.

1. Complete a marital status change whether there is a name change or not.
2. In cases of marital status change, it is necessary that the member complete a new Designation of Beneficiary for the Group Retirement Plan-SFN 2560 and Life Insurance Designation of Beneficiary-SFN 53855.
3. Name changes should match the name the member has filed with Social Security.
4. The authorized agent or the member **must** sign Part F for this form to be valid.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

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## MEMBER TRANSFERS

*All instructions, terms and conditions are in the NDPERS Notice of Transfer Guide.*

**If the employee will begin employment with a new participating agency within 31 days from the date of employee's last regular paycheck with your agency, both the employee and the authorized agent must review a Notice of Transfer Guide and Forms.**

**Administrative Code Chapter 71-02-01-01(24): "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.**

Often employees will terminate their position with an employer participating in NDPERS and take a job with another employer who is also participating in NDPERS.

- **When an employee transfers from one participating employer to another, the new employer is responsible for submitting the premium for the first of the month following the month of employment.**

If employee transfers employment from one participating employer to another participating employer without termination of employment, the former employer should provide termination notification to NDPERS just as any other employee who is leaving employment. New employer should provide notice of new hire just as any other new hire.

The Benefit Enrollment Specialists will transfer over any existing benefits from the former employer to the new employer if that same benefit is available under the new employer.

With the new employment, the employee may be newly eligible for insurance benefits that were not available with the previous employer. New employer must offer these newly eligible benefits to the employee. Employee must make application within 31 days of new hire/transfer date if enrolling.

Former and new employers must complete **Transfer of Unused Sick Leave Verification – SFN 53404** if it is known that the employee is transferring.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

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## EMPLOYMENT CHANGE REQUESTS THROUGH EMPLOYER SELF SERVICE

### Use to notify NDPERS of:

- Employee leave of absence/leave without pay
- Extending leave of absence/leave without pay
- Employee's return from leave of absence
- Employee's classification change within agency
- Employment type change
- Employee's reduction in hours/change from permanent to par-time/temporary
- Employee's separation from employment

### EMPLOYMENT STATUS CHANGES:

#### LEAVE OF ABSENCE

1. NDPERS must be notified whenever an employee is taking a leave without pay and the reason for the leave.
2. A leave of absence cannot exceed one year without being recertified. If an employee is taking an unpaid leave in excess of two years, the employee's membership in NDPERS should be terminated unless the leave is due to an interruption of covered employment due to military activation. However, since the employee has not separated employment with the employer, the employee is not entitled to a distribution of their retirement benefits.
3. NDPERS must be notified of a return from leave prior to the employer resuming retirement contributions for the employee.

#### EMPLOYMENT CHANGES

1. Job Class (this may affect their eligibility for benefits as well as how the employee is reported to NDPERS).
2. Employment Type (example: Temporary to Permanent)
3. Participation Status (example: Contributing to Non-Contributing)
4. Hourly or Seasonal Status

#### REDUCTION IN HOURS OR PERMANENT TO PART-TIME/TEMPORARY

If notifying NDPERS of an employee's change from permanent to temporary service, existing enrollment in the dental plan would be suspended at the end of the month in which the permanent employment ended.

#### SEPARATION OF EMPLOYMENT

A NDPERS separation of employment guide and forms include all necessary information for the employee to review and complete.

The employer or employee may obtain the following guides and forms from the NDPERS website:

- Refund/Rollover Guide – member wants to refund or rollover entire account balance
- Deferred Retirement Guide – member wants to defer (leave intact) account
- Disability Retirement Guide – member wants to apply for disability retirement
- Retirement Guide – member wants to apply for retirement
- Transfer Guide – member is transferring from one PERS employer to another PERS employer within 31 days

It is recommended that employers only print the guides and forms from our website as they are needed to ensure they are providing the most current version to employees.

**Administrative Code section 71-03-04-01 pertaining to state agencies and section 71-03-07-01 pertaining to political subdivisions clarify that an employee's coverage must end the month following the month after termination of employment. This means the employer must remit premium payment for insurance coverage for the month following the month of termination in order to comply with this requirement. In addition, when an employee transfers from one participating employer to another, the new employer is responsible for submitting the premium for the first of the month following the month of employment transfer.**

#### RETURN TO EMPLOYMENT

If an individual returns to employment after more than thirty (30) days but in the same plan year, he/she will not be eligible to participate in the Pre-tax premium benefit.

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## CONTINUATION OF GROUP INSURANCE COVERAGE (COBRA)

SFN 14120

### **FEDERAL COBRA LAW**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that employers provide employees and their dependents that lose their eligibility to participate in the Group Dental Plan an opportunity to continue comparable coverage at their own expense.

1. **PERSONS AFFECTED:** The right to COBRA continuation coverage applies to all employees and must be offered to:
  - A. Employees who terminate either voluntarily or involuntarily. Termination as a result of gross misconduct may disqualify the employee to elect COBRA;
  - B. An employee's divorced or widowed spouse;
  - C. Spouses and dependent(s) losing coverage due to a terminated employee's eligibility for Medicare;
  - D. Dependents who lose eligibility.

Employees no longer eligible for participation in the Group Dental Plan may be eligible for COBRA coverage for a period of up to 18 months. Dependents (including spouses) no longer eligible for participation in the Group Dental Plan may be eligible for COBRA coverage for a period of up to 36 months (divorce, death, aging off the plan, etc.). NDPERS will send COBRA notice(s) to the employees and dependents as applicable.

2. **COVERAGE WILL NOT BE PROVIDED IF:**

- A. The individual enrolls in another Group Dental Plan or they (or any dependent) become eligible for Medicare while on COBRA continuation.
- B. The premium is not paid in a timely manner;
- C. The employer ceases to provide the Group Dental Plan to any employees;
- D. The (ex) spouse enrolls in another Group Dental Plan (including a new spouse's Group Dental Plan if they re-marry);
- E. The dependent enrolls in another Group Dental Plan (excluding CHAMPUS).

Under A, D, and E, the policyholder is responsible for notifying NDPERS of cancellation due to eligibility for Medicare or another group insurance plan. Plan updates require completion of application and cancellation requests must be submitted in writing.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.