

North Dakota Public Employees Retirement System

# HEALTH INSURANCE

Revised September 2022

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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 eligible employees can complete their benefit plan enrollment(s) using PERSLink Member Self Service (MSS)?

**NOTE:** Temporary employees cannot use MSS to submit their enrollment for the health insurance plan. The Health Insurance Application or Change-SFN 60036 must be completed by the temporary employee and employer.

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>If You Are Trying To:</b>	<b>Use the</b>
Enroll a new employee in the health plan	New Hire Guide and Forms
Waive participation for new employee	<ul style="list-style-type: none"> <li>• Waiver of Insurance Coverage-SFN 58819 (if not ACA eligible), or</li> <li>• Acknowledgement of or Decline Offer of Health Insurance Coverage-SFN 60711 (if ACA eligible)</li> </ul>
Enroll a temporary/part-time employee	New Hire Guide and Forms
Waive participation for a new temporary/part-time employee	Acknowledgment of or Decline Offer of Health Insurance Coverage-SFN 60711
Switch an employee from mandatory participation to optional participation and employee is continuing participation	Submit “Update Employment” request through Employer Self Service
Switch an employee from mandatory participation to optional participation and employee is electing NOT to continue to participate	<ul style="list-style-type: none"> <li>• Waiver of Insurance Coverage-SFN 58819 (if not ACA eligible), or</li> <li>• Acknowledgement of or Decline Offer of Health Insurance Coverage-SFN 60711 (if ACA eligible)</li> </ul> <p style="text-align: center;">AND</p> Submit “Update Employment” request through Employer Self Service

Switch an employee from optional participation to mandatory participation	New Hire Guide and Forms
Waive participation for a newly elected official	<ul style="list-style-type: none"> <li>• Waiver of Insurance Coverage-SFN 58819 (if not ACA eligible), or</li> <li>• Acknowledgement of or Decline Offer of Health Insurance Coverage-SFN 60711 (if ACA eligible)</li> </ul>
Changes in Employment Status	See “Changes in Employment Status with Existing Insurance Plan Coverage” section

### **Changes/Additions**

Report a name, marital, or address change	Notice of Change-Member Data Record-SFN 10766 and Health Insurance Application or Change-SFN 60036, if applicable
Report dependent loss of eligibility status	Health Insurance Application or Change-SFN 60036
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

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## HEALTH INSURANCE APPLICATION OR CHANGE SFN 60036

SFN 60036 is used to enroll employees in the Group Health Insurance Plan. Employees who add or delete dependents or have a change in marital status also need to complete this form.

### **NEW ELIGIBLE 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
- ✓ filling a position that is 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. 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.

Permanent employees of a state agency, university system or district health unit may enroll in the High Deductible Health Insurance Plan, referred to as HDHP. The High Deductible Health Plan is a Comprehensive Deductible and Coinsurance Plan. Please refer to the NDPERS website or New Hire Guide to learn more about this option.

### **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 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. The grandchild's birth certificate must also be provided.
  - If an eligible dependent child becomes employed with an NDPERS covered employer under the health 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.

**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.**

### **PART-TIME/TEMPORARY EMPLOYEES**

A part-time/temporary employee employed on or after January 1, 2015 is only eligible to participate if the employee is employed at least 30 hours/week or 130 hours/month. Coverage will be effective the first of

the month following date of employment or at the end of applicable measurement period. The Health Insurance Application or Change-SFN 60036 must be completed and submitted to NDPERS within 31 days of eligibility. The employer must complete Part F of the form to certify that the temporary employee is eligible to join per eligibility requirements. The employee cannot enroll through MSS.

NDPERS will bill the agency for the premium on the agency monthly billing. The part-time/temporary employee or the temporary employee's employer shall pay monthly the premiums in effect for the coverage being provided. If the employer is an applicable Large Employer under the Affordable Care Act (ACA), then the employer will be responsible for ensuring that the coverage is deemed "affordable" as defined in the ACA. The agency is responsible for collecting and remitting the monthly premium with their agency group billing. The agency is responsible for providing notification to NDPERS through Employer Self Service (ESS) that the individual is a part-time or temporary employee, the effective date of employment, the employee's name, address and social security number.

If the employee **does not pay** the employer for any applicable portion of premium that the employee is responsible for, the employer can cancel the employee's coverage but only on a prospective basis. The authorized agent should send an email to the NDPERS info account at [ndpers-info@nd.gov](mailto:ndpers-info@nd.gov). If the reason for the cancellation is due to non-payment of premium, then the authorized agent needs to provide the name of the employee, PERSLink ID number, effective date of cancellation (prospective only), and the reason for the cancellation as NDPERS needs this information to determine COBRA eligibility.

If the employer used the monthly eligibility determination and the employee **is no longer eligible** for health insurance, the employer can cancel the employee's coverage but only on a prospective basis. The authorized agent should send an email to the NDPERS info account at [ndpers-info@nd.gov](mailto:ndpers-info@nd.gov). If the reason for the cancellation is due to a change in eligibility status, then the authorized agent needs to provide the name of the employee, ID number, effective date of cancellation (prospective only), and the reason for the cancellation as NDPERS needs this information to determine COBRA eligibility.

The agency is also responsible for updating the employee's status on Employer Self Service (ESS) and sending the completed **Continuation of Group Insurance Coverage-SFN 14120** to NDPERS when the employee terminates. An employee who elects not to enroll themselves or their eligible dependent(s) must complete an **Acknowledgement of or Decline Offer of Health Insurance Coverage-SFN 60711**.

### **MEMBERS OF BOARDS, COMMISSIONS, OR ASSOCIATIONS**

To be eligible to participate, members of State and political subdivision boards, commissions, or associations must be paid, which means receiving a per diem for each meeting.

They will have 31 days from the date they assume office in which to enroll in the group health insurance plan with coverage effective the first day of the month following the date they assume office. If application is not made within the first 31 days, the provisions of the Special Enrollment Periods will apply.

Eligible board members of the State may participate at their own expense. Political Subdivisions may pay a contribution, which is less than or equal to, but does not exceed, the premium contributions paid for eligible full-time employees.

### **ENROLLMENT PERIODS**

The Health Insurance Portability and Accountability Act (HIPAA) is intended to ensure portability of health coverage for those individuals who must move from one plan to another as a result of loss of coverage under any other health 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 health insurance eligibility. The special enrollment periods allow an individual to enroll (application required) in the plan without any restrictions and are defined as follows:

- Within 31 days of date of hire for eligible new and seasonal employees, part-time/temporary employees, and within 31 days of assuming office for members of boards, commissions, or associations. Coverage is effective the first of the month following the date of hire.
- Add a spouse and/or any eligible dependent children of the member that were not previously covered 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 and/or eligible dependent children are enrolled. The stepchildren of the spouse may also be added. Coverage is effective the first of the month following the date of marriage.
- Add a dependent within 31 days of birth, adoption, placement for adoption or receiving legal guardianship, or court order to provide health 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 health 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.

If the Eligible Employee is a state employee, then they as a permanent employee can elect participation or discontinue participation in the High Deductible Health Plan during one of the above applicable Enrollment Periods.

## **HEALTH INSURANCE PARTICIPATION GUIDELINES**

In the case of two married state employees, there can only be one family plan (not two singles) to insure all eligible dependents. The individual who has worked for their current employer the longest must be the carrier of the insurance for the family plan.

If the married employees are not both employed by the state (one state employee and one political subdivision employee or two political subdivision employees), both individuals can enroll in coverage but may not be dependents on each other's plan (children can only be listed under one or the other, but not both).

If one PERS-covered employee and one non-PERS-covered employee, then both can cover their spouse/children (double-coverage) if the non-PERS-covered employee's insurance is with another plan.

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

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

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

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

If an employee goes on a FMLA-related leave of absence, the employer should update their employment status to be Family and Medical Leave Act with NDPERS.

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.

An agency must continue health benefits at the same level and coverage had the employee not taken leave.

During a period that an employee is eligible to take family leave, the employer must continue to pay the health insurance premium for its employees under the conditions that applied immediately before the family leave began. State agencies will continue to be charged the active state employee rate and not the LOA/Part-time Temporary rate.

If the employee does not return from medical leave, you have the right to recover any premium contributions paid while the employee was on the unpaid leave. If the employee does not return, they will have the right to COBRA continuation coverage at their own expense.

If an employee chooses not to continue the health insurance during an unpaid leave or cancels the coverage at any point during the leave, member should complete the Health Insurance Application or Change-SFN 60036 form indicating such. Upon their return to active, eligible employment, they will be required to complete a Health Insurance Application or Change-SFN 60036 in order to reinstate coverage at the same level of coverage prior to start of leave. Application must be made within 31 days of return.

If an employee exhausts FMLA and is still on an approved leave of absence, please refer to the Leave of Absence (Paid/Unpaid – not FMLA) section below.

References:

[NDCC 54-52.4 \(North Dakota Family Leave Act of 1989\)](#)

[Public Law 103-3 \(Family and Medical Leave Act of 1993 \(Federal\)\)](#)

##### **• 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.

Upon notification of employment status change, NDPERS will update the health insurance premium to the temporary/LOA rate effective first of the month following the leave of absence start date (state



employees only). The employer will be responsible for collecting the premium and paying it to NDPERS. Any unpaid premiums are the responsibility of the employer to pay. If the employee **does not pay** the employer for any applicable portion of premium that the employee is responsible for, the employer can cancel the employee's coverage but only on a prospective basis. The authorized agent should send an email to the NDPERS info account at [ndpers-info@nd.gov](mailto:ndpers-info@nd.gov). If the reason for the cancellation is due to non-payment of premium, then the authorized agent needs to provide the name of the employee, ID number, effective date of cancellation (prospective only) and that the reason for the cancellation is non-payment of premium as NDPERS needs this information to determine COBRA eligibility.

If an employee does not wish to continue health insurance during the LOA, the employee should complete Health Insurance Application or Change-SFN 60036 indicating this, or the authorized agent may send an email to the NDPERS info account at [ndpers-info@nd.gov](mailto:ndpers-info@nd.gov).

If an employee discontinues health coverage during the leave and the leave is more than 31 days in length, they will be required to complete a Health Insurance Application or Change SFN 60036 within 31 days of return in order to re-enroll in the benefit at the same level of coverage prior to start of leave. Coverage will be effective the first day of the month following the return from LOA. If the employee does not return, they will have the right to COBRA continuation coverage at their own expense.

Member can elect to cancel health insurance during the LOA by completing the Health Insurance Application or Change-SFN 60036, but cannot re-enroll without a qualifying event or until returning from the LOA.

If an employee is on an unpaid LOA but also under ADA (Americans with Disabilities Act), the employer will still be billed the Part-Time/Temporary LOA rate; however, it is the responsibility of the employer to determine if this premium should be collected from the employee.

**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 absences of 31 days or less, benefits continue as if the member has not been absent. Members called to active duty whose leave exceeds 30 days become automatically covered through TRICARE and will have the following options:

1. The member, and any eligible family members that are covered on the NDPERS plan at the time of activation, may be eligible for COBRA continuation as follows:
  - For a 24-month period beginning on the date on which the employee's absence for the purpose of performing services begins; or
  - The period beginning on the date on which the employee's absence for the purpose of performing service begins and ending on the date on which he or she fails to return from service or report for work.

2. The member can drop NDPERS coverage and
  - a. Elect TRICARE for his/herself and for family members, or
  - b. Choose coverage through another group plan.

If the member elects COBRA continuation, a Continuation of Group Insurance Coverage-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. This same policy applies to participating political subdivisions. If the employee also has coverage through TRICARE for his/her self or any dependents, TRICARE will be the primary payer and NDPERS will pay secondary on any claims.

If the member elects 2a or 2b above, he/she must complete Health Insurance Application or Change-SFN 60036 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 or lose coverage through TRICARE. A copy of the discharge papers must accompany the Health Insurance Application or Change-SFN 60036. If an application is not submitted within this period, the member may enroll during the annual enrollment period conducted each year in the fall and coverage will be effective January 1.

### **CHANGES/ADDITIONS**

**Add Dependents:** An employee must complete and file a new form within 31 days of marriage or the birth/adoption of a child (NDPERS requires a copy of adoption placement or legal guardianship papers). If application is not made within 31 days, dependents may be added during a designated annual enrollment season.

**Delete Dependents:** An employee must complete and file a new form with NDPERS by the end of the month prior to the 1st 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.

**Cancellation of Coverage:** An employee must complete and file a new form with NDPERS by the end of the month prior to the 1st of the month in which the coverage is to be cancelled. **NOTE:** If the employee is having the health insurance premiums pre-taxed through payroll deduction, the employee is not allowed to cancel their coverage until the end of the plan year (election can be made during designated annual enrollment season).

### **EMPLOYMENT STATUS CHANGES**

An employee must be off payroll of all NDPERS covered employers for 31 days to be considered terminated for benefit purposes. If a 31 day break does not occur, then the employee will be processed as an employment status change/transfer. Refer to the following situations for examples of employment status changes:

**Situation 1: Permanent employee covered on the health plan changes employment status to temporary employee. The temporary employee expected to meet the ACA definition of temporary employee. The employee wishes to continue participation as a temporary employee.**

**Outcome:** Upon completion of required application, employee will be changed to temporary employee rate the first of the month following the final date of permanent employment.

If employee is transferring from one agency to another along with the employment status change, the new employer is responsible for premium effective the first of the month following employment (NDAC 71-03-04-01).

Example: Permanent employment ends May 20 and temporary employment begins May 27. Upon completion of application, temporary employee rate will begin effective June 1.

Example: Permanent employment ends May 31 and temporary employment begins June 1. Upon completion of application, temporary employee rate will begin effective June 1.

**Situation 2: Permanent employee covered on the health plan changes employment status to temporary employee. The temporary employee status will meet the ACA definition of temporary employee. The employee does NOT wish to continue participation as a temporary employee.**

Outcome: Coverage will be suspended effective the first of the month following the month permanent employment ends.

Example: Permanent employment ends May 20 and temporary employment begins May 27. Coverage will be suspended June 1.

Example: Permanent employment ends May 31 and temporary employment begins June 1. Coverage will be suspended June 1.

**Situation 3: Permanent employee covered on the health plan changes employment status to temporary employee. The temporary employee is NOT expected to meet the ACA definition of temporary employee.**

Outcome: Coverage will be suspended effective the first of the month following the month permanent employment ends. The employee should be sent a COBRA notice and offered COBRA coverage.

Example: Permanent employment ends May 20 and temporary employment begins May 27. Coverage will be suspended June 1. If employee elects COBRA, it will be effective June 1.

Example: Permanent employment ends May 31 and temporary employment begins June 1. Coverage will be suspended June 1. If employee elects COBRA, it will be effective June 1.

**Situation 4: Temporary employee covered on the health plan changes employment status to permanent employee.**

Outcome: Employee will be changed to permanent employee rate the first of the month following the final date of temporary employment. Employee should complete [Health Insurance Application or Change-SFN 60036](#) within 31 days of status change if the employee wants to change level of coverage. Any coverage changes will be effective the same date as the permanent rate effective date. If no application is received, the coverage currently in place will remain until a special enrollment opportunity or annual enrollment occurs.

If employee is transferring from one agency to another along with the employment status change, the new employer is responsible for premium effective the first of the month following employment (NDAC 71-03-04-01).

Example: Temporary employment ends May 20 and permanent employment begins May 27. Upon completion of application, permanent employee rate and updated coverage level will begin effective June 1.

Example: Temporary employment ends May 31 and permanent employment begins June 1. Upon completion of application, permanent employee rate and updated coverage level will begin effective June 1.

**Situation 5: Temporary employee not covered on the health plan changes employment status to permanent employee.**

Outcome: Employee should complete Health Insurance Application or Change-SFN 60036 or submit application on MSS within 31 days of status change. If no application is received, the employee will not be able to enroll until a special enrollment opportunity or annual enrollment occurs.

Example: Temporary employment ends May 20 and permanent employment begins May 27. Upon completion of application, permanent employee coverage will begin effective June 1.

Example: Temporary employment ends May 31 and permanent employment begins June 1. Upon completion of application, permanent employee coverage will begin effective July 1.

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

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## ACKNOWLEDGEMENT OF OR DECLINE OFFER OF HEALTH INSURANCE COVERAGE SFN 60711

The Health Insurance Portability and Accountability Act (HIPAA) (Federal Law) requires this form to be completed at the time of initial eligibility by all eligible employees (includes permanent and part-time, temporary or seasonal) if they elect not to enroll themselves or their eligible dependent(s) in the Group Health Insurance Plan.

This form should be used if the employee meets the definition of a “full-time” employee as defined by the Affordable Care Act (ACA). The definition of a “full-time” employee under the ACA is one who is reasonably expected to work at least 30 hours/week or 130 hours/month.

\*State employees covered under NDPERS through their spouse or parent should complete this form to acknowledge that they are covered.

The employee must complete requested information and sign and date the form.

**FILING PROCEDURE:** Employer can either retain form in personnel files or send to NDPERS. If sending to NDPERS, please retain a photocopy for your records.

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**WAIVER OF INSURANCE COVERAGE**  
**SFN 58819**

The Health Insurance Portability and Accountability Act (HIPAA) (Federal Law) requires this form to be completed at the time of initial eligibility by all eligible employees (includes permanent and part-time, temporary or seasonal) if they elect not to enroll themselves or their eligible dependent(s) in the Group Health Insurance Plan.

This form should be used only if the employee does not meet the definition of a full-time employee under the Affordable Care Act (ACA).

The employee must complete all requested information and sign and date the form.

**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, the member must 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 and Forms.***

**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 the 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. Any benefit elections that transfer will be noted on the Benefit Enrollment Report available on Employer Self Service (ESS).

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.

- **If the employee experiences an employment status change (temporary to permanent or vice versa) along with the transfer of employment, refer to [Employment Status Changes](#) section for details on premium effective dates.**

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



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## EMPLOYMENT UPDATES 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 part time/temporary
- Employee's termination of 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 health plan would be suspended at the end of the month in which the permanent employment has ended. If employee meets eligibility as a temporary employee and elects to enroll, employee and employer should complete Health Insurance Application or Change-SFN 60036.

If employee meets eligibility as a part-time/temporary employee but does not want to enroll, employee should complete Agreement/Waiver of Participation for Optional Defined Benefit Retirement Plan-SFN 17627.

## 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.

**NDPERS would like to remind employer's that participate in the group health plan of the Administrative Rules pertaining to final payment of the health insurance premium for terminating 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.**

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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 Health 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 Health 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 Health 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.

Employees and/or eligible dependents may be eligible for extension on their COBRA due to disability, which can extend COBRA coverage for up to 29 months. Employees should contact NDPERS on how to request this extension.

1. **COVERAGE WILL NOT BE PROVIDED IF:**
  - A. The individual enrolls in another Group Health 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 Health Plan to any employees;
  - D. The (ex) spouse enrolls in another Group Health Plan (including a new spouse's Group Health Plan if they re-marry). (Ex) spouse must submit cancellation request in order to end COBRA coverage.
  - E. The dependent enrolls in another Group Health Plan (excluding CHAMPUS). Dependent must submit cancellation request in order to end COBRA coverage.

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