14120

CONTINUATION OF GROUP INSURANCE COVERAGE (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 14120 (Rev. 08-2024)

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Clear Form

PART A APPLICANT INFORMATION

Name (Last, First, Middle)		Date of Birth		Applicant NDPERS Member ID (if known)
Last Four Digits of Social Security Number	Address	City	State	ZIP Code
Applicant Gender ☐ Male ☐ Female	Applicant's Home/Cell Number	Relationship to Current Contract Holder ☐ Self ☐ Spouse/Dependent		
Home/Personal Email Address				
Name of current contract holder (Last, First, Middle)				NDPERS Member ID

PART B EFFECTIVE DATE OF CHANGE

Change Effective Date (first of month after loss of active group coverage): _____
Actual effective date of coverage will be determined by NDPERS based on plan provisions.

PART C QUALIFYING COBRA EVENT/REASON FOR CHANGE

☐ Termination of current contract holder
☐ Divorce from current contract holder
☐ Death of current contract holder
☐ Marriage
☐ Attained Age 26
☐ Contract holder entitled to Medicare
☐ Remove Dependent
☐ Cancel COBRA (indicate plan(s) below)
☐ ACA ineligibility

Select the coverage(s) to be continued and check level of coverage.

☐ Health: ☐ Self Only ☐ Family ☐ Decline/Cancel

☐ Dental: ☐ Self Only ☐ Family ☐ Applicant & Spouse ☐ Applicant & Child(ren) ☐ Decline/Cancel

☐ Vision: ☐ Self Only ☐ Family ☐ Applicant & Spouse ☐ Applicant & Child(ren) ☐ Decline/Cancel

List all eligible covered individuals for the plan(s) listed above. Attach separate sheet if more room is needed.

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

Name (Last, First, Middle)	Relationship to Applicant	Gender	Date of Birth	Social Security Number*
	Self			

PART D PAYMENT METHOD

If a payment method is not selected, it will be your responsibility to submit payment by the 1st of each month. NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month will result in loss of COBRA continuation coverage.**

NOTE: Your COBRA continuation coverage will not be in effect until premiums due are paid up to date. Members have 45 days from when NDPERS receives the election to remit COBRA payment to NDPERS.

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

☐ Withhold from bank account. Complete bank information below.

Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.

Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
Telephone Number	
Type of Account & Account Number ☐ Checking Account Number	☐ Savings Account Number

Attach a Voided Check Here for Checking Account (Optional).
Deposit slips will not be accepted.

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request with member signature must be submitted. The request must provide the contract holder's name, last four digits of social security number or NDPERS Member ID, and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be made at the end of the month. NDPERS cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

PART E APPLICANT AUTHORIZATION

I have read this application in its entirety, including the back page, and certify the information is accurate and complete. I understand and agree that any false statements or omissions may constitute a fraudulent act or intentional misrepresentation and may void or retroactively cancel any benefit issued based on this application.

Signature of Applicant (Electronic Signatures will not be accepted)	Date

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PART A APPLICANT INFORMATION

For applicant identification, please provide all requested information.

PART B EFFECTIVE DATE OF CHANGE

- Indicate the qualifying event date or requested change effective date (actual effective date of coverage will be determined by NDPERS based on plan provisions).

PART C QUALIFYING COBRA EVENT/REASON FOR CHANGE

1. Check the box that describes the event that qualifies you for continuation coverage.
2. Indicate the group insurance plan(s) you are electing for COBRA continuation coverage.
3. Check the level of coverage. If you are not applying for the coverage, check the decline/cancel box.
4. List all covered individuals, including yourself. You may elect COBRA continuation coverage for only those family members that were covered on the plan at the time of the qualifying event.

PART D PAYMENT METHOD

Withhold from bank account: You must complete the banking information.

If a payment option is not selected, you will be required to submit premium by the 1st of each month. You will not receive a billing from NDPERS. Your COBRA continuation coverage will not be effective until the initial premium payment is received for all months due. **Failure to remit your premium by the due date of the 1st of the month will result in loss of insurance coverage.**

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

PART E APPLICANT AUTHORIZATION

Employees terminating employment, or individuals otherwise losing eligibility may continue their NDPERS Group Health Coverage at their own expense subject to the following:

1. You must be a member of the plan at time of loss of eligibility.
2. Your spouse or any other dependent(s) applying for this COBRA continuation coverage must be a member of the plan at the time of loss of eligibility.
3. You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.
4. There must not be a lapse in coverage, i.e. premiums must be paid to ensure continuous coverage.

If you do not choose continuation coverage, your group health insurance coverage will end on the last day of the month for which premiums were paid.

You must sign and date this form for it to be valid. Electronic signatures will not be accepted.

ORIGINAL TO NDPERS – PLEASE RETAIN A COPY FOR YOUR RECORDS