



# EMPLOYER VERIFICATION OF TERMINATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 59089 (02-2022)

**NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657**  
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The American Rescue Plan Act of 2021 (ARP) signed into law on March 11, 2021, provides that certain individuals known as "Assistance Eligible Individuals" (AEIs) that have been involuntarily terminated or experienced a reduction in hours are eligible for a 100% reduction in the premiums for group insurance continuation coverage under COBRA for a period of up to 6 months. This includes coverage under the NDPERS group health, dental or vision plans. The premium subsidy provisions of the ARP are in effect from April 1, 2021 through September 30, 2021.

Our records indicate that the individual referenced in Part A was terminated or experienced a reduction in hours during the qualifying period and may be eligible for the COBRA premium subsidy.

In order to determine eligibility for the premium subsidy in compliance with Federal regulations, we must have the employer's confirmation of the terms regarding this individual's termination. **Please complete Part B and C below and return this form to NDPERS within 10 days from the date listed in Part A.**

<b>PART A MEMBER INFORMATION</b>	
Name (Last, First, Middle)	NDPERS Member ID
Previous Employer	NDPERS Organization ID
Date of Request	
<b>PART B VERIFICATION OF TERMINATION</b>	
<p>Verify below whether the above former employee was or was not involuntarily terminated from your employment or experienced a reduction in hours. Involuntary termination is severance from employment due to the independent exercise of authority by the employer. It does NOT include separation as a result of death, gross misconduct, or voluntary retirement or resignation. It does include RIFs, a change from permanent to temporary/part-time if the 20/20 rule is no longer met, end of seasonal employment or a contract period, and elected officials if the termination occurred as a result of not being re-elected. However, if the official did not run for re-election, the termination is voluntary.</p> <p>I certify that the above former employee:</p> <p><input type="checkbox"/> Was involuntarily terminated from employment.</p> <p><input type="checkbox"/> Was NOT involuntarily terminated from employment.</p> <p style="text-align: right;">Date of Termination: _____</p> <p><input type="checkbox"/> Experienced a reduction in hours to less than 20 hours per week or other employment status change that would make them ineligible for active group coverage.</p> <p><input type="checkbox"/> Did NOT experience a reduction in hours to less than 20 hours per week or other employment status change that would make them ineligible for active group coverage.</p> <p style="text-align: right;">Date of Status Change: _____</p>	
<b>PART C EMPLOYER AUTHORIZATION</b>	
<p>I certify that the above information is true and correct.</p> <p>_____</p> <p>Authorized Agent's Signature (Electronic signatures will not be accepted) <span style="float: right;">_____</span> Date</p>	

**ORIGINAL TO NDPERS – RETAIN A COPY FOR YOUR RECORDS**