



## REQUEST TO CANCEL RETIREE HEALTH INSURANCE COVERAGE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58269 (Rev. 09-2021)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657

(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

### PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)

### PART B NOTICE TO MEMBER

**PLEASE READ THIS ENTIRE NOTICE CAREFULLY before canceling your medical/health and prescription drug coverage.**

**Before making your decision, please examine all your options to be sure you understand the plan coverages, eligibility and enrollment opportunities.** To be eligible to re-enroll you may only apply for coverage within 31 days from any one of the “qualifying events” outlined on page 2 of this form. If you cancel your NDPERS coverage and enroll for coverage through an alternate plan, you will be responsible for requesting reimbursement of your retiree health insurance credit, if any, from the RHIC vendor.

#### **NON-MEDICARE**

To cancel the NDPERS coverage, you must complete Part A, sign Part E and return this form within the timeframe outlined in Part C.

#### **MEDICARE**

**If you enroll in another Medicare Prescription drug or Medicare Supplement plan, you will lose your eligibility to remain on the NDPERS plan. If you cancel your medical and prescription drug coverage, you may not be able to get this coverage back.** This form will cancel your medical coverage. To cancel your prescription drug coverage, each Medicare eligible person on the policy must also complete a NDPERS Prescription Drug Plan (PDP) Disenrollment Form SFN 58861. The NDPERS Prescription Drug Plan(PDP) Disenrollment Form SFN 58861 must accompany this cancellation notice.**The forms must be submitted together to NDPERS within the timeframe outlined in Part C. Do not send the forms separately as this will delay processing.**

### PART C CANCELLATION POLICY

NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

### PART D EFFECTIVE DATE

Date
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### PART E AUTHORIZATION

I have read this form in its entirety **(including page 2)**. I understand I am canceling my medical and prescription drug coverage. I understand that this disenrollment does not guarantee my eligibility to enroll in another medical or prescription drug plan. I further understand that for any non-NDPERS coverage, I will be responsible for requesting reimbursement from the RHIC vendor for my retiree health insurance credit, if any. I also understand I may have forfeited my right to re-enroll in the NDPERS plan in the future.

Signature (Electronic Signature will not be accepted)	Date
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## INSTRUCTIONS

### Part A Member Information

For member identification, please provide all requested information.

### Part B Notice to member

Read this section carefully! This section contains important information that you need to know before you cancel NDPERS group health and prescription drug coverage.

### **RE-ENROLLMENT**

A member or surviving spouse must apply within 31 days from any one of the following “qualifying events”:

1. Date of retirement, defined as either:
  - The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or
  - Date of first retirement check if member deferred his/her retirement benefit.
2. Member’s 65th birthday or eligibility for Medicare;
3. Member’s spouse or eligible dependent’s 65th birthday or eligibility for Medicare;
4. The loss of coverage in a health plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

### Part C Cancellation Policy

Read this section carefully! This section contains important information regarding the effective date of your group health and prescription drug coverage cancellation.

### Part D Effective Date

Enter the cancellation date of your group health and prescription drug coverage. Coverage can only be cancelled at the end of a month.

### Part E Authorization

The NDPERS group health insurance contract holder must sign SFN 58269 to be valid. Electronic Signature will not be accepted.