



RETIREE LIFE INSURANCE APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53622 (Rev. 08-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

53622

PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Preferred Email Address	Telephone Number
ELIGIBLE RETIREMENT GROUP (select one) <input type="checkbox"/> NDPERS <input type="checkbox"/> NDHPRS <input type="checkbox"/> Job Service <input type="checkbox"/> TFFR <input type="checkbox"/> TIAA <input type="checkbox"/> Ex-Legislator <input type="checkbox"/> NDPERS Defined Contribution <input type="checkbox"/> Alternate Retirement System	

PART B NDPERS GROUP LIFE INSURANCE

Effective Date (mm/dd/yyyy)
<input type="checkbox"/> I elect NOT to Continue my Group Life Insurance
<input type="checkbox"/> I elect <u>To</u> continue my Group Life Insurance: (Check appropriate coverages below)
<input type="checkbox"/> Basic Life
<input type="checkbox"/> Supplemental Life*: <input type="checkbox"/> At Current Level of Coverage <input type="checkbox"/> At a Reduced Level of Coverage: \$ _____ .00
<input type="checkbox"/> Dependent Life*: <input type="checkbox"/> At Current Level of Coverage <input type="checkbox"/> At a Reduced Level of Coverage: \$ _____ .00
<input type="checkbox"/> Spouse Supplemental Life*: <input type="checkbox"/> At Current Level of Coverage <input type="checkbox"/> At a Reduced Level of Coverage: \$ _____ .00
Spouse supplemental life insurance cannot be more than 50% of the total member life insurance.
* Any supplemental coverage will end when the member turns 65. Carrier may offer to port or convert this coverage.
<input type="checkbox"/> Beneficiary(ies) Update

PART C PAYMENT METHOD

If you are drawing a pension from a NDPERS defined benefit plan (NDPERS or Job Service Retirement Plan) or the Teacher's Fund for Retirement (TFFR), your insurance premium(s) may be deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account by completing the bank information section below.

If you are drawing a pension from TIAA or the NDPERS Defined Contribution Plan or you are an ex-legislator, your insurance premium(s) must be withheld from a bank account. Please complete the bank information section below.

NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month may result in cancellation of coverage.**

<input type="checkbox"/> <u>Deduct from Pension Check*</u> (only available for retirees of the following plans). Please indicate which retirement plan: <input type="checkbox"/> NDPERS <input type="checkbox"/> TFFR	
<input type="checkbox"/> <u>Withhold from bank account.</u> Complete the information below. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.	
NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.	
Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
<input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number
<div></div>	<div></div>

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

PART D DESIGNATION OF BENEFICIARY

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. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

Enter percent share for each beneficiary. The total **must equal 100%**. If the total share does not equal 100%, I grant NDPERS the authority to amend each of my beneficiary designations (up to +/-1%) with up to a 1% difference being credited to the eldest for any uneven split. **If beneficiaries are listed but no shares designated, I grant NDPERS the authority to divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest if there is any uneven split.**

PRIMARY BENEFICIARY(IES) – Total must equal 100%					
Name	Relationship	Social Security #	Birthdate	% Share	Address and Phone Number

SECONDARY BENEFICIARY(IES) – Total must equal 100%					
Name	Relationship	Social Security #	Birthdate	% Share	Address and Phone Number

PART E MEMBER AUTHORIZATION

I authorize all physicians and other medical professional, hospitals, and other medical care institution, insurers, medical or hospital service and prepaid health plans, employers and group policyholders, contract holders or benefit plan administrators to provide ING Employee Benefits and any benefit plan administrator, consumer reporting agencies, attorneys and independent claim administrators action on ING Employee Benefits behalf with information concerning medical care, advice, treatment or supplies provide the patient including information on mental illness and any employment related information regarding the Patient. This information will be used for the purpose of evaluating and administering claims for benefits. I understand the carrier will offer to port my term life policy(ies) or convert to a whole life policy(ies). I understand that if I elect to continue my coverage through NDPERS, I cannot port or convert the coverage with the carrier.

I read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans insured based on this application.

Signature of Applicant (Electronic Signatures will not be accepted)	Date Signed
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Please review Page 3 for Additional Information and Instructions