



REQUEST TO COMBINE RETIREE HEALTH INSURANCE CREDITS
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58591 (Rev. 12-2021)

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 – LIST NAMES OF BOTH SPOUSES

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

Members are responsible for authorizing and informing NDPERS when to start and stop combining their respective retiree health insurance credits.

Any election received prior to the 15th of the month will be effective the first of the following month unless otherwise noted in Part C. Combining retiree health insurance credits or changing level of coverage cannot be retroactive.

This election must be accompanied with an NDPERS health insurance application for family coverage. This form must be completed by the contract holder.

Before making your decision, please examine all your options to be sure you understand the plan coverages.

PART C EFFECTIVE DATE

Effective Date

PART D AUTHORIZATION – MUST BE SIGNED BY BOTH SPOUSES

Cancellation Policy: NDPERS must receive a cancellation request by the 15th of the month prior to the effective date. We cannot cancel for a partial month or do a retroactive cancellation. To request a cancellation, complete a **Request to Cancel Combined Retiree Health Insurance Credits SFN 58592**.

Please combine our respective retiree health insurance credits. We understand that it is our responsibility to authorize or inform NDPERS when to start and stop combining retiree health insurance credits. We also understand that NDPERS will research their records for our marriage certificate. If not on record, NDPERS will request and we will be required to submit this document before this authorization can go into effect.

I also authorize NDPERS staff to discuss health, dental, vision, and long term care insurance information along with my individual retiree health insurance credit amount with my spouse.

Please combine our retiree health insurance credits into this NDPERS Account:

Name	NDPERS Member ID
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Authorization must be signed by BOTH Spouses. (Electronic Signature will not be accepted)

Member's Signature	Member's Signature
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INSTRUCTIONS

PART A MEMBER INFORMATION

For member identification, please provide all requested information.

Enter the names of both members.

PART B NOTICE TO MEMBER

Read this section carefully! This section contains important information that you need to know before combining retiree health insurance credits.

PART C EFFECTIVE DATE

Enter the effective date. Any authorizations received prior to the 15th of the month will be effective the first of the next month, unless otherwise noted

PART D AUTHORIZATION

Both members must sign SFN 58591 to be valid. Electronic Signature will not be accepted.

ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS