



REQUEST TO CANCEL COMBINED RETIREE HEALTH INSURANCE CREDITS
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58592 (Rev. 01-2022)

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. 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.

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 single 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

Date

PART D AUTHORIZATION – MUST BE SIGNED BY BOTH SPOUSES

Please discontinue combining 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.

Member’s Signature (Required) (Electronic Signature will <u>not</u> be accepted)
Member’s Signature (Required) (Electronic Signature will <u>not</u> be accepted)

INSTRUCTIONS

Part A Member Information

Enter the names of members, social security numbers, and day time telephone number.

Part B Notice to Member

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

Part C Effective Date

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

Part D Authorization

Both members must sign SFN 58592 to be valid.