



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Claiming your RHIC

RETIREE HEALTH INSURANCE CREDIT

What is RHIC?

It stands for Retiree Health Insurance Credit

Funded by employers when active employees receive eligible service credit

Monthly, lifetime NDPERS benefit for members – *Defined Contribution and Main Plan only if first enrolled before 2020*

Available upon retirement for reimbursement of eligible after-tax insurance premiums

How is RHIC calculated upon retirement?

**Years of
Service**

×

\$5

- Actuarially reduced if
 - retiring early or
 - choosing Joint and Survivor for single or term certain retirement option

Who can use the RHIC?

- Retired members of any NDPERS Defined Benefit plans*
 - * Defined Contribution and Main plan **only** if first enrolled before 2020
- Eligible surviving spouses



What after-tax insurances can be claimed?



Any Health Insurance



Any Prescription Drug Plan



Any Dental Insurance



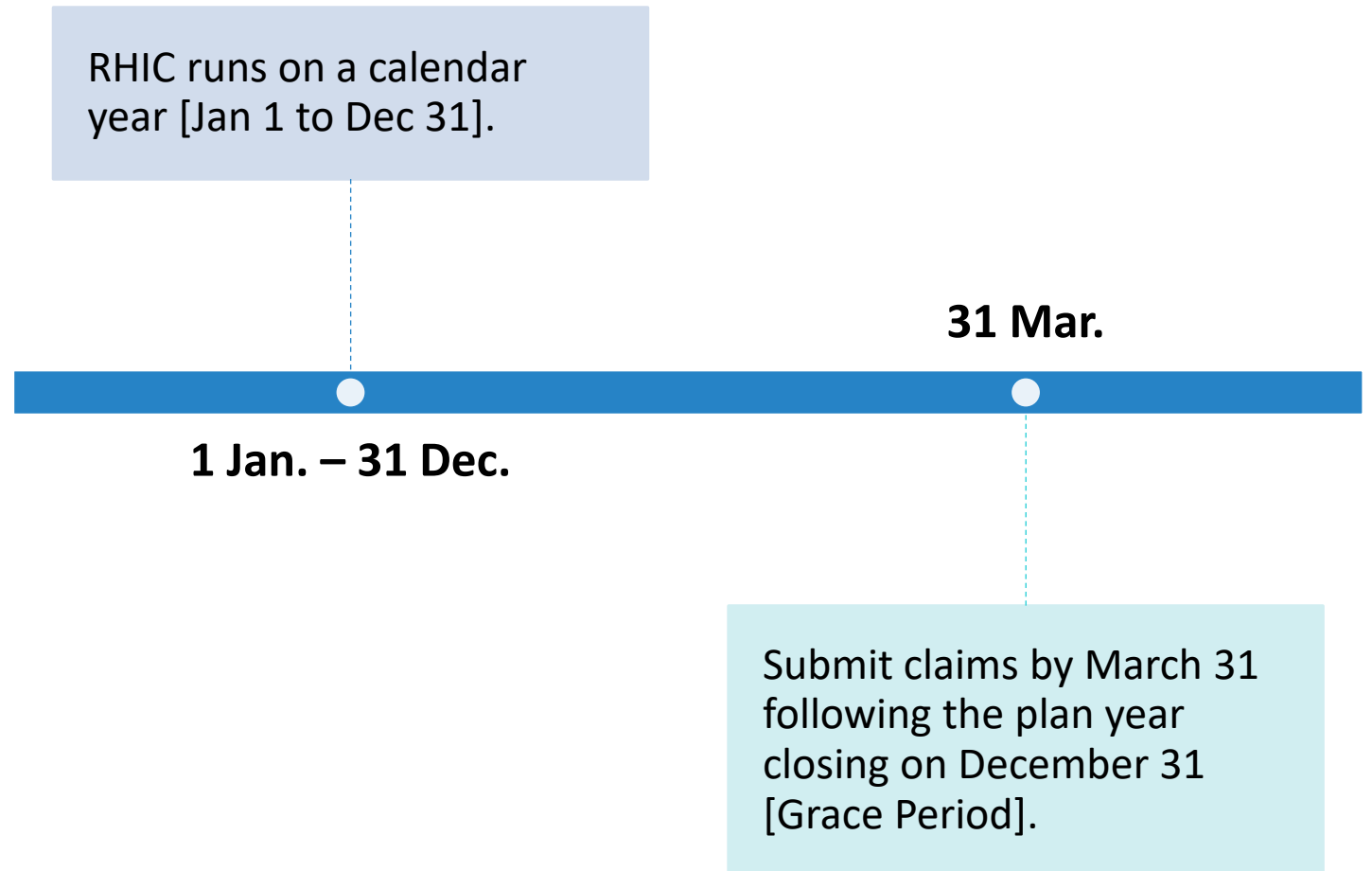
Any Vision Insurance



Any Long-term Care

When to submit RHIC claims?

RHIC can't be accumulated. "Use it or lose it" benefit.





Who reimburses the premium?

- ASIFlex is the third-party administrator
- ASIFlex reviews submitted premiums to ensure compliance with reimbursement guidelines
- ASIFlex deposits reimbursement into your preferred bank account after you set up direct deposit
- Contact ASIFlex:
 - PO Box 6044, Columbia MO 65205-6044
 - www.asiflex.com
 - asi@asiflex.com
 - 1-800-659-3035
 - Fax: 877-879-9038

How to claim your RHIC?

NDPERS INSURANCE

- Pay the eligible after-tax insurance premium
- **NDPERS automatically provides substantiation or proof of premium payment to ASIFlex**
- ASIFlex automatically reimburses you

NON-NDPERS INSURANCES

- Pay the eligible after-tax insurance premium
- **File a claim through the ASIFlex online portal, mobile app, or download the claim form**
- **Include proof eligible insurance and proof of payment when filing your claim with ASIFlex**
- ASIFlex reviews your claim and approves, denies, or ask for further documentation
- ASIFlex reimburses you upon approval of claim

Ineligible RHIC Premiums

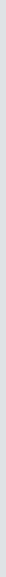
Life Insurance Premiums

Supplemental Plans

- Accident
- Disability
- Cancer
- Other Supplemental Plans

Premiums that are subsidized or already have a tax credit applied

Medical Sharing Groups (not regulated)



Claiming Non-Medicare Premiums

**NDPERS Retiree Health Insurance Credit (RHIC) Program
Claim Form**

Complete this claim form in its entirety, provide legible documentation as instructed, and sign below. Please print clearly.

Your Name (Last, First, MI)		NDPERS ID Number		Your Employer Name	
Mills, Daymon D		?????		NDPERS Retiree Health Insurance Credit Program	
Address		City	State	Zip Co	
Rural Route 13		Menoken	ND	5854	

Insurance Premium Claims (other than Medicare)

Please include appropriate documentation as required by your employer plan with this completed claim form as follows:

- Itemized statement from the insurance company showing the dates for which premium is being paid, the type of insurance, and the dollar amount of the premium; and,
- Proof of payment in the form of a pay stub, bank statement showing the debited amount, copy of the cancelled check, credit card receipt, electronic payment receipt, etc.

Note to Medicare Enrollees: You can check here to request automatic recurring monthly RHIC reimbursement of Medicare Part B or D premiums deducted from your Social Security payment. To qualify you must complete this claim form and:

- You must be signed up to receive reimbursement via direct deposit to your bank account.
- You must submit a copy of your "Notice of Medical Insurance Enrollment and Premium Deduction", or "Proof of Income" from the Department of Health and Human Services (HHS). (No proof of payment required.)
- Submit this form once each calendar year, if you have a new plan, if the premium changes or if the coverage ends.

ASIFlex will automatically reimburse you each month for the Medicare premiums. Complete the information below to indicate the amount you wish to be reimbursed for and the monthly amount. See example in red below.

Date(s) of Insurance Coverage TO / FROM	Insurance Carrier	Insured Person/ Relationship	Type (Medical, Prescription)	Amount Requested	AS Use
				\$	
4/01/19-06/30/19	Best Health	Self	Health Insurance	\$609.50	
				\$	
				\$	
				\$	
				\$	
				\$	
			TOTAL	\$ 0.00	

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me while eligible under the NDPERS RHIC program, and that the premium expenses have not been reimbursed and reimbursement will not be sought from any other source. I understand that if I am eligible to receive a subsidy through the federal health care exchange, I am not eligible to receive RHIC reimbursement in addition to lower amounts paid for health insurance premiums. I understand that I am responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on an amount paid from the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and supporting documentation.

Signature Daymon Mills Date 6-15-20

FAX TO: 1-877-879-9038 PAGE _____ OF _____ NO COVER PAGE REQUIRED	MAIL TO: ASI PO BOX 6044 COLUMBIA, MO 65205-6044	QUESTIONS: WWW.ASIFLEX.COM ASI@ASIFLEX.COM 1-800-659-3035
--	---	--

Claiming Non-Medicare Premiums

- Such as Health, Dental, Vision, or Long-term Care
- Three (3) Required Items:
 1. Completed ASIFlex Claim Form
 2. Proof of Insurance Premium Expense (for NDPERS retiree)
 3. Proof of Payment
 - Cancelled Check
 - Electronic Payment Receipt
 - Pay stub
 - Itemized Statement (employer sponsored or insurance provider)

Example of Non-Medicare Proof Payment

Company Name: Your Health Insurance Company

Name: Someone's Name

Street Address: 000 Premium Blvd

City, State: Healthy, ND

ZIP Code: 00000

Phone: 7011234567

E-mail: healthy_you@hh.com

HEALTH INSURANCE INVOICE

Invoice # 00000

Date: 1/1/2022

Client / Customer

Name: John Doe

Street Address: 123 Easy Street

City, State: Funville ND

ZIP Code: 00000

Description	Amount (\$)
Health Insurance Premium for January 2022 for John and Mary Doe	500.00

Comments or Special Instructions:

Payment is due within 31 days.

SUBTOTAL	500.00
DISCOUNT	0
TAX	0
TOTAL	500.00

Claiming Medicare Premiums

**NDPERS Retiree Health Insurance Credit (RHIC) Program
Claim Form**

Complete this claim form in its entirety, provide legible documentation as instructed, and sign below. Please print clearly.

Your Name (Last, First, MI)		NDPERS ID Number		Your Employer Name	
Mills, Daymon, D		?????		NDPERS Retiree Health Insurance Credit Program	
Address		City		State	
Rural Route 13		Menoken		ND	
				Zip Code	
				585	

Insurance Premium Claims (other than Medicare)

Please include appropriate documentation as required by your employer plan with this completed claim form as follows:

- Itemized statement from the insurance company showing the dates for which premium is being paid, the type of insurance, and the dollar amount of the premium; **and,**
- Proof of payment in the form of a pay stub, bank statement showing the debited amount, copy of the completed or cancelled check, credit card receipt, electronic payment receipt, etc.

Note to Medicare Enrollees: You can check here to request automatic recurring monthly RHIC reimbursement of Medicare Part B or D premiums deducted from your Social Security payment. To qualify you must complete this claim form and:

- You must be signed up to receive reimbursement via direct deposit to your bank account.
- You must submit a copy of your "Notice of Medical Insurance Enrollment and Premium Deduction", or "Proof of Income" from the Department of Health and Human Services (HHS). (No proof of payment required.)
- Submit this form once each calendar year, if you have a new plan, if the premium changes or if the coverage ends.

ASIFlex will automatically reimburse you each month for the Medicare premiums. Complete the information below to indicate the amount you wish to be reimbursed for and the monthly amount. See example in red below.

Date(s) of Insurance Coverage TO / FROM	Insurance Carrier	Insured Person/ Relationship	Type (Medical, Prescription)	Amount Requested	AS Use
				\$	
1/1/19-12/31/19	Medicare	self	Medicare Part B	\$ 135	
				\$	
				\$	
				\$	
				\$	
			TOTAL	\$ 0.00	

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me while eligible under the NDPERS RHIC program, and that the premium expenses have not been reimbursed and reimbursement will be sought from any other source. I understand that if I am eligible to receive a subsidy through the federal health care exchange, I am able to receive RHIC reimbursement in addition to lower amounts paid for health insurance premiums. I understand that I am responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on any amount paid from the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and supporting documentation.

Signature Daymon Mills Date 6-15-20

FAX TO: 1-877-879-9038 PAGE _____ OF _____ NO COVER PAGE REQUIRED	MAIL TO: ASI PO BOX 6044 COLUMBIA, MO 65205-6044	QUESTIONS: WWW.ASIFLEX.COM ASI@ASIFLEX.COM 1-800-659-3035
--	---	--

NDPERS Rev

Claiming Medicare Premiums

Two (2) Required Items:

1. Completed ASIFlex Claim Form
2. Social Security Administration Statement (Proof of Premium Expense and Proof of Payment)
 - "Proof of Income" letter from the Department of Health and Human Services
 - Notice of Medical Insurance Enrollment and Premium Deduction
 - Benefit Verification Letter

Social Security Administration Statement

Proof of Premium Expense and Proof of Payment

Social Security Administration Retirement, Survivors and Disability Insurance Important Information

We are writing to you about your Social Security benefits.

What You Should Know

Your Medicare Part A (hospital insurance) starts February 2014 and Part B (medical insurance) starts October 2021.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive _____ for October 2021 around November 17, 2021.
- After that you will receive _____ on or about the third Wednesday of each month.

Information About Medicare

Your monthly premium for Medicare Part B (medical insurance) is \$148.50 beginning October 2021.

IMPORTANT: A Medicare law requires some higher income persons to pay higher premiums. The law applies to premiums for Medicare Part B (medical insurance) and prescription drug coverage. The law generally affects individuals with incomes higher than \$88,000 and couples with incomes higher than \$176,000. We will contact the Internal Revenue Service to get information about your income. If we decide that you have to pay higher premiums, we will send a letter explaining our decision. The higher amount will be effective October 2021. For more information, please visit www.socialsecurity.gov on the Internet or call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).

We deduct Medicare medical insurance (Part B) premiums 1 month in advance.

See Next Page



Create your personal *my* Social Security account today

With your free, personal *my* Social Security account, you can receive personalized estimates of future benefits based on your real earnings, see your latest Statement, and review your earnings history. It even makes it easy to request a replacement Social Security Card or check the status of an application, from anywhere!

[CREATE AN ACCOUNT →](#)

[SIGN IN →](#)

[FINISH SETTING UP YOUR ACCOUNT →](#)



www.socialsecurity.gov/myaccount

Contact NDPERS

Customer Service

Call: (701) 328-3900 or
TF:(800) 803-7377

Email: ndpers-info@nd.gov

Fax: 701-328-3920

Online Resources

Website: ndpers.nd.gov

[Member Self Service \(MSS\)](#)



**NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM**