

USE THIS FORM IF YOU ARE TRYING TO...

LIFE INSURANCE FORMS:

If You Are Trying To:	Use This Form
------------------------------	----------------------

Enrollments & Waivers

For each new permanent and temporary employee, the authorized agent must complete the on-line NDPERS Member Data Record. See Employer Reporting section.

Enroll a new employee	New Hire Kit
Enroll a new employee, electing spouse supplemental over \$50,000.00	New Hire Kit and Life Insurance Evidence of Insurability
Switch an employee from mandatory participation to optional participation and employee is continuing participation	Employment Change Request through Employer Self Service
Switch an employee from mandatory participation to optional participation and employee is electing NOT to continue to participate	Employment Change Request through Employer Self Service and Waiver of Insurance Coverage SFN 58819
Switch an employee from optional participation to mandatory participation	New Hire Kit

Changes/Additions

Report a name, marital, or address change	Notice of Change SFN 10766 and Life Insurance Designation of Beneficiary SFN 53855
Report dependent loss of eligibility status	Life Insurance Enrollment/Change SFN 53803 and Life Insurance Designation of Beneficiary SFN 53855
Report an employee transferring to another NDPERS participating agency	Notice of Transfer Kit
Report a leave of absence, leave of absence extension, or return from leave of absence	Employment Change Request through Employer Self Service
Report an employee's classification change within agency	Employment Change Request through Employer Self Service
Report change in beneficiary designation	Life Insurance Designation of Beneficiary Change SFN 53855
Report increase/decrease in coverage levels	Life Insurance Enrollment/Change SFN 53803 and Life Insurance Evidence of Insurability
Report an employee transferring to another NDPERS participating agency	Notice of Transfer Kit

Separation of Employment

Notify NDPERS of an employee's separation of employment (for all circumstances, including retirement, disability, and death)	Employment Change Request through Employer Self Service
Conversion of life insurance to permanent policy	Application for Conversion of Group Life Insurance & Notice of Group Life Conversion Privilege

LIFE INSURANCE ENROLLMENT / CHANGE
SFN 53803

The Life Insurance Enrollment/Change SFN 53803 is use to enroll employees in the group life insurance plan. This form is also used to request increases/decreases in coverage levels.

ELIGIBLE EMPLOYEES (Including Seasonal Employees)

To be eligible, an employee must be:

- ✓ at least 18 years of age
- ✓ work at least 20 hours per week for 20 or more weeks per calendar year,
- ✓ and be filling positions which are regularly funded and not of limited duration (i.e. permanent)

Coverage will be effective the first day of the month following date of employment. If application is not made within the first 31 days, evidence of insurability will be required and coverage will be effective the first day of the month following the date of approval by the Claim Administrator.

If both spouses are employed by the State and/or a participating political subdivision each employee may be insured as an individual and as a dependent spouse.

Eligible Dependents

- ✓ The Subscriber's spouse under a legally existing marriage between persons of the opposite sex.
- ✓ Unmarried children 14 days but less than 19 years of age.
- ✓ Unmarried children 19 but less than 23 years of age who are student dependents.

PART-TIME/TEMPORARY EMPLOYEES

A part-time/temporary employee employed on or after August 1, 2007, is eligible to participate at their own expense if the employee is employed at least 20 hours a week and at least 20 weeks each year of employment.

NDPERS will bill the agency for the premium on the agency monthly billing. The agency is responsible for collecting and remitting the monthly premium with their agency group bill. The agency is responsible for notifying NDPERS through Employer Self Service (ESS) that the individual is a part-time or temporary employee, the effective date of employment, the employee's name, address and Social Security number. The agency must provide a written verification to NDPERS when the employee terminates and deleted the employee from the agency monthly billing.

MEMBERS OF BOARDS, COMMISSIONS, OR ASSOCIATIONS

To be eligible to participate, members of State and political subdivision boards, commissions, or associations must be paid, which means receiving a per diem for each meeting. They will have 31 days from the date they assume office in which to enroll in the group life insurance plan. Coverage will be effective the first day of the month following date of employment. If application is not made within the first 31 days, evidence of insurability will be required and coverage will be contingent on approval by the Plan Administrator.

ENROLLMENT

New employees have an initial 31-day enrollment period from date of employment in which to apply for coverage without evidence of insurability. If application is not made within the first 31 days of employment, the employee may enroll during a designated Annual Enrollment Season.

LIFE INSURANCE COVERAGE OPTIONS

Even if an employee elects not to have Supplemental Coverage, Parts A,B,C,F and G of this form must be completed, signed, dated and submitted to NDPERS for the basic coverage provided by the employer.

If both spouses are eligible employees for the NDPERS Life Insurance Program, they may be insured as follows:

1. Each may be insured as an employee and as a dependent spouse.
2. Dependent children can be insured under each parent's policy.

BASIC LIFE

If the employer is participating in the NDPERS Life Insurance Program, each employee will receive Basic Life insurance coverage of \$3,500. The premium is \$0.28 a month and is paid by the employer.

SUPPLEMENTAL LIFE

The employee may elect to have Supplemental Life Coverage in addition to the Basic Life coverage. The supplemental Life increments are \$5,000 up to a maximum of \$200,000. The first increment is \$1,500 (\$1,500 + basic of \$3,500=\$5,000). The monthly premium is based on the employee's age.

DEPENDENT LIFE

If the employee elects Supplemental Life coverage, they are eligible to purchase Dependent Life insurance. This coverage is available at either a \$2,000 or \$5,000 level for each eligible dependent. The premium is based on a flat rate regardless of the number of dependents covered. The life insurance carrier does not require employees to list the names of eligible dependents. Once employees have dependent coverage, any newly acquired dependents will be insured automatically if born onto the policy.

SUPPLEMENTAL SPOUSE LIFE

If the employee elects Basic Dependent Life insurance coverage, they are eligible to purchase Supplemental Spouse Life insurance. This coverage is available in \$5,000 increments and may not exceed 50% of the total employee Supplemental Life coverage or \$100,000, whichever is less. For all employees applying for Spouse Supplemental in excess of \$50,000, the life insurance **Evidence of Insurability must be completed and must accompany the Life Insurance Enrollment/Change SFN 53803**. The monthly premium is based on the employee's age.

ADDITION OF DEPENDENT LIFE COVERAGE

If an employee is enrolled in the Supplemental Life and wishes to add a spouse as a result of marriage or a child because of birth or adoption, **a new Life Insurance Enrollment/Change SFN 53803 must be completed within 31 days of the event**. The premium is based on the employee's age. If the employee already has Dependent Life insurance coverage when one of the previously mentioned events occurs, no new application or further notification is required.

CANCEL OR DECREASE COVERAGE

Employees may cancel/decrease their Supplemental, Dependent or Supplemental Spouse Life insurance coverage at any time; however, **this option may not be available to individuals who are having the Employee Supplemental Life premiums paid with pretax dollars under the FlexComp Plan unless it is due to divorce or death.** If you have questions regarding the ability to drop an employee's insurance in relation to the FlexComp Program, please contact our office. **A new Life Insurance Enrollment/Change SFN 53803 must be completed and submitted to NDPERS.**

INCREASE IN COVERAGE

Existing employees may increase their Supplemental, Dependent or Supplemental Spouse Life insurance coverage during the annual enrollment season. An employee can increase their Supplemental coverage by \$5,000.00 without requiring evidence of insurability. All amounts above \$5,000.00 in Supplemental coverage, or increase requests for Dependent or Supplemental Spouse coverage will require evidence of insurability. An increase to the supplemental life insurance coverage that requires evidence of insurability will not be effective until the later of the date the coverage is approved by the insurance carrier or January 1st.

An employee who marries or at the time of a birth or adoption of a child, may apply for Supplemental, Dependent and Supplemental Spouse Life insurance coverage within 31 days from the date of marriage, birth or adoption. **A Life Insurance Enrollment/Change SFN 53803 and Evidence of Insurability must be completed and dated during this time and submitted to NDPERS.** If the Employee supplemental Life is increased and being paid with pretax dollars, the premium amount deducted under the FlexComp Program will be increased automatically. The employee may only pre-tax coverage amounts up to \$50,000 of Employee Supplemental Life. Coverage is effective the 1st of the month following the date the coverage was approved by the carrier.

CONDITIONS UNDER WHICH LIFE COVERAGE MAY BE CONTINUED

- **Family and Medical Leave Act (FMLA)**

The Family and Medical Leave Act allows up to 12 weeks of unpaid leave.

Family and medical leave is available to employees who have been employed by the employer for at least 12 months and worked at least 1,250 hours for the employer during the previous 12 months.

During an unpaid leave under the FMLA, an employee may continue life insurance coverage at his/her own expense. It is at the employer's discretion whether to continue to pay the monthly premium for basic life.

References:

NDCC 54-52.4 (North Dakota Family Leave Act of 1989)

Public Law 103-3 (Family and Medical Leave Act of 1993 (Federal))

If the employee does not return from medical leave, you have the right to recover any premium contributions paid while the employee was on the unpaid leave. If the employee does not return, they will have the right to a conversion policy directly with insurance carrier.

If an employee chooses not to continue the life insurance during an unpaid leave, upon their return to active, eligible employment, they will be required to complete a **Life Insurance Enrollment/Change SFN 53803 for Basic Life only.** If the employee wants Supplemental and Dependent coverage, the employee/dependents must provide evidence of insurability and can only apply during the annual enrollment season.

- **Unpaid Leave of Absence**

An employee may continue life insurance coverage at their own expense. If an employee chooses not to continue the life insurance during an unpaid leave, upon their return to active, eligible employment, they will be required to complete a **Life Insurance Enrollment/Change SFN 53803 for Basic Life only**. If the employee wants Supplemental and Dependent coverage, the employee/dependents must provide evidence of insurability and can only apply during the annual enrollment season.

- **Seasonal Employees**

Seasonal employees are subject to the same requirements as stated above under “Unpaid Leave of Absence”.

Payroll is required to submit a notice to NDPERS that indicates the beginning and ending dates of the leave. You must continue to collect the employee's monthly premium and submit it with the monthly billing for employees who elect to continue their coverage.

- **USERRA Leave of Absence**

The employee, dependent, and spouse supplemental coverage can remain in force for up to 24 months. If they elect to retain the life coverage, the contract will remain on your monthly billing in the employee's name. The employee must pay the \$.28 basic life as well as any employee, spouse or dependent supplemental premium by personal check made payable to NDPERS and submit it to their payroll office. If the employee is pretaxing the premium for the first \$50,000 of employee supplemental life through the NDPERS FlexComp Plan, the options for payment during the leave are outlined in the FlexComp section of this memo. If the employee drops the coverage, they may re-enroll during the annual enrollment period and evidence of insurability will be required. This policy also applies to participating political subdivisions. In the event a member dies while on active duty, the basic and employee supplemental life benefit will be paid to the primary beneficiary on record. The Accidental Death & Dismemberment (AD&D) will not be paid as loss of life during active military duty is contract exclusion.

CONVERSION OF LIFE INSURANCE

Application and first premium must be submitted to the life insurance carrier within the 31-day period specified in the life insurance booklet/certificate. Refer to the **Converting Group Term Life Insurance to Individual Insurance** for details.

FILING PROCEDURE: Send original to NDPERS and retain a copy for your files.

EVIDENCE OF INSURABILITY

This form is to be completed if an employee elects to have Employee Supplemental, Dependent, or Supplemental Spouse Life Insurance coverage after the initial 31-day enrollment period, or if an employee wants to INCREASE his/her current level of coverage. These changes may only be made during the Annual Enrollment Season each year. This form, in addition to a Group Life Insurance Enrollment/Change (SFN 53803), must be completed and submitted to NDPERS by the last day of either month. Coverage will become effective the 1st day of the month following date of approval by the life insurance carrier.

Note: If the employee is applying for additional Employee Supplemental coverage in the amount of \$5,000.00 during the Annual Enrollment season, the Evidence of Insurability is not required and coverage will be effective the following January 1.

COMPLETE ALL INFORMATION REQUIRED

MAKE AND KEEP A COPY OF THE COMPLETED EVIDENCE OF INSURABILITY FOR THE EMPLOYEE.

IMPORTANT:

When applying for additional supplemental life insurance during the annual enrollment season, both the Group Life Insurance Application and Evidence of Insurability must be signed and dated within the annual enrollment season.

FILING PROCEDURE: RETURN THE FORM TO **NDPERS**. NDPERS will forward the form to the life insurance carrier.

The NDPERS office will notify the payroll office when the insurance carrier's underwriting department has either approved or denied the application. Coverage will be effective the later of the month following the date of the approval or January 1st.

APPLICATION FOR ACCIDENTAL LOSS OF LIMB(S) OR EYE(S)

Contact the NDPERS office for information and an application for Accidental Limb Loss Benefits or an Application for Accidental Eye Loss Benefits.

APPLICATION FOR LIVING BENEFIT OPTION

Contact the NDPERS office for information and Living Benefit Option claim form.

NOTICE OF CHANGE
SFN 10766

This form is to be completed to notify NDPERS of:

- Name change
- Address change
- Marital Status change
- Telephone Number change
- E-mail Address change
- Contact change

Whenever the Notice of Change SFN 10766 is completed and sent to NDPERS, the accuracy of the information **must be certified by the authorized agent** or the member and the form must be dated. If someone other than the authorized agent or member signs the form, **it will be returned for the proper signature.**

For **FURTHER** instructions on completing the form, please refer to the back of the form.

1. Complete a marital status change whether there is a name change or not.
2. In cases of marital status change, it is necessary that the member complete a new Life Insurance Designation of beneficiary **SFN 53855**
3. Name changes should match the name the member has filed with Social Security.
4. The authorized agent or the member **must** sign Part F for this form to be valid.

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

NOTICE OF TRANSFER
SFN 53706

All instructions, terms and conditions are in the NDPERS Notice of Transfer Kit.

If the employee will not begin employment with a new participating agency within 31 days from the date of employee's last regular paycheck with your agency, both the employee and the authorized agent must complete a separation of employment kit.

Administrative Code Chapter 71-02-01-01(24): "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

Often employees will terminate their position with an employer participating in NDPERS and take a job with another employer who is also participating in NDPERS.

- ✓ An employee can not increase their level of coverage when the transfer occurs.

If employee transfers employment from one participating employer to another participating employer without terminating eligible employment, and in recognition of the fact that the current employer may not be aware of the circumstances regarding a departing employee's employment plans and subsequently a new employer will not receive any transfer information, NDPERS has developed a series of scenarios along with the required administrative procedures to follow depending on the particular situation. These procedures are designed to ensure transfers are processed consistently based on "what the employer knows at the time of separation of employment."

Situation: Current employer knows the employee is transferring to another covered employer:

1. Complete the Notice of Transfer Kit, which contains the Notice of Transfer form.
2. Send Notice of Transfer form to the new employer

Situation: Current employer has no knowledge that terminating employee is transferring to another covered employer:

1. Current employer and employee complete the appropriate separation of employment kit
2. Send the complete kit to NDPERS
3. NDPERS will process accordingly in absence of any other information.

Situation: New employer receives a Notice of Transfer Form from a participating employer.

1. Do not have transferring employee complete new enrollment forms for plans indicated in Part C of Notice of Transfer Form
2. Set up employee with benefits according to information provided in Part C of Notice of Transfer Form
3. Have employee complete enrollment forms for programs that were not offered

- through previous employer but are now offered through new employer
4. Submit any new enrollment forms to NDPERS

Situation: **New employer is not aware a new employee is a transfer from another participating employer. Previous employer processed as a separation of employment and employee does not provide the information.**

1. Have new employee complete all required enrollment forms.
2. Send the enrollment forms to NDPERS.
3. If there is an existing record, and the hire date is within 31 days of separation from previous employer, NDPERS will notify you that employee is a transfer from another participating employer and will:
 - a. Void the enrollment forms for any programs that employee previously participated in.
 - b. Complete Parts A-D of the Notice of Transfer Form and send it to new employer.
 - c. Employer will set up benefit record according to information provided in Part C of the Notice of Transfer Form
 - d. Employer must complete Parts E and F on the Notice of Transfer Form and return it to NDPERS

Situation: **New employer is aware a new employee is a transfer but previous employer treated as a separation of employment and did not complete a Notice of Transfer Kit.**

1. Complete Parts A, E, and F of the Notice of Transfer Form.
2. Send Notice of Transfer Form to NDPERS.
3. If hire date is within 31 days of separation from previous employer, NDPERS will complete Part C based on existing record and return the form to the new employer.
4. Have employee complete enrollment forms for programs that were not offered through previous employer but are now offered through new employer.
5. Employer will set up the benefit record accordingly.

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

EMPLOYMENT CHANGE REQUEST THROUGH EMPLOYER SELF SERVICE

Use to notify NDPERS of:

- Employee leave of absence/leave without pay
- Extending leave of absence/leave without pay
- Employee's return from leave of absence
- Employee's classification change within agency
- Employment type change
- Employee's reduction in hours/change from permanent to par-time/temporary
- Employee's separation from employment

CHANGE OF STATUS:

LEAVE OF ABSENCE

1. NDPERS must be notified whenever an employee is taking a leave without pay and the reason for the leave.
2. A leave of absence cannot exceed one year without being recertified. If an employee is taking an unpaid leave in excess of two years, the employee's membership in NDPERS should be terminated unless the leave is due to an interruption of covered employment due to military activation. However, since the employee has not separated employment with the employer, the employee is not entitled to a distribution of their retirement benefits.
3. NDPERS must be notified of a return from leave prior to the employer resuming retirement contributions for the employee.

EMPLOYMENT TYPE CHANGE

1. Employment type changes include Permanent to Temporary or Temporary to Permanent and Employment Status changes of Contributing to Non Contributing or Non Contributing to Contributing.

CLASSIFICATION CHANGE

1. Often employees will change their position within the employer group. This may affect their eligibility for benefits, as well as, how the employee is reported to NDPERS.

REDUCTION IN HOURS OR PERMANENT TO PART-TIME/TEMPORARY

If notifying NDPERS of an employee's change from permanent to temporary service, have employee complete an Agreement/Waiver of Participation for Defined Benefit Optional Participants **SFN 17627**.

SEPARATION OF EMPLOYMENT

1. A NDPERS separation of employment kit includes all necessary forms the employee is required to complete.

The employer or employee may obtain the following Kits:

- Refund/Rollover Kit
- Deferred Retirement Kit
- Disability Retirement Kit
- Retirement Kit
- Transfer Kit

2. Enter the "membership termination date" which is the last date the employee worked at your agency in an eligible position.
3. Enter the "last month insurance premium(s) will be paid by your agency/or this employee". This is the last month the employee will be on your group insurance billing.

NDPERS would like to remind employer's that participate in the group health plan of the Administrative Rules pertaining to final payment of the health insurance premium for terminating employees. Administrative Code section 71-03-04-01 pertaining to state agencies and section 71-03-07-01 pertaining to political subdivisions clarify that an employee's coverage must end the month following the month after termination of employment. This means the employer must remit premium payment for insurance coverage for the month following the month of termination in order to comply with this requirement. In addition, when an employee transfers from one participating employer to another, the new employer is responsible for submitting the premium for the first of the month following the month of employment."