



# AUTHORIZATION FOR AUTOMATIC PREMIUM DEDUCTION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50134 (Rev. 12-2009)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A PARTICIPANT IDENTIFICATION</b>			
Name:			NDPERS Member ID:
Last Four Digits of Social Security Number:			Date of Birth:
<b>PART B MEMBER AUTHORIZATION</b>			
<p>I authorize the following insurance premium(s) to be withheld from the Financial Institution indicated in Part B of this authorization:</p> <p style="text-align: center;"> <input type="checkbox"/> Health     <input type="checkbox"/> Life     <input type="checkbox"/> Dental     <input type="checkbox"/> Vision     <input type="checkbox"/> Long Term Care         </p> <p>This authorization will remain in effect until the member notifies NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. The premium amount will be deducted from the bank account by the fifth day of each month or the next working day if the fifth is on a weekend or a holiday. Your financial institution may charge an additional fee for this service.</p> <p>I agree to the terms listed on this authorization.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>Member Signature</p> </div> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>Date</p> </div> </div>			
<b>PART C FINANCIAL INSTITUTION (Must Be Completed By Institution)</b>			
Name of Financial Institution			
Mailing Address	City	State	Zip Code
Payee's Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number (9 Digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <hr style="width: 40%;"/> <p>Signature of Financial Institution Representative</p> </div> <div style="text-align: center;"> <hr style="width: 40%;"/> <p>Date of Signature</p> </div> </div>			
Financial Institution Representative (Please Print)		Title	Telephone Number

**IMPORTANT NOTICE** - This form is to be used only for North Dakota Public Employees Retirement System Group Insurance Deductions. **THIS FORM ONLY AUTHORIZES DEDUCTIONS FROM YOUR ACCOUNT.**

## **INSTRUCTIONS AND CONDITIONS**

If you wish to have your monthly insurance premiums deducted from your savings or checking account, both you and the financial organization must complete this form to authorize this action. The North Dakota Public Employees Retirement System will deduct these premiums to the point you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

### **PART A PARTICIPANT IDENTIFICATION**

For member identification, please provide all requested information.

### **PART B MEMBER AUTHORIZATION**

Check the type of insurance premium(s) you are requesting to be withheld from your bank account. Sign and date the form.

### **PART C FINANCIAL INSTITUTION SECTION**

After completing the top portion of this form, the form should be delivered or sent to the designated financial institution. Upon completion, you and the financial institution should retain a photocopy for your records and the original to NDPERS.

## **CANCELLATION INSTRUCTIONS**

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

**The form is due back in our office by the 15<sup>th</sup> of the month prior to the month you want to begin your premium deduction**