**16789-****{stdMbrPERSLinkID}**

**IBS BILLING STATEMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 16789 (Rev.10-2020)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920**

|  |  |
| --- | --- |
| Billing Date: | {qu BillingDate} |
| NDPERS Member ID: | {stdMbrPERSLinkID} |
| Due Date: | {qu DueDate} |
| Amount Due: | {qu AmountDue} |

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

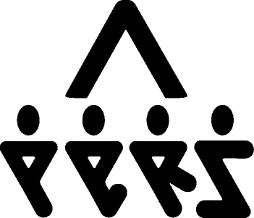
{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**Medicare Part D – Late Enrollment Penalty**

Statement Details:

Late Enrollment Penalty: {qu AmountDue}

We have been notified by the Centers for Medicare and Medicare Services (CMS) that you are required to pay a monthly Late Enrollment Penalty of {qu MonthlyLEPAmount} effective {qu LEPEffectiveDate}. The premium amount for Medicare Part D is {qu MedicarePartDIns} plus the Late Enrollment Penalty of {qu MonthlyLEPAmount} for a total monthly premium due of {qu TotalMedicarePartDAmount}. We are billing the difference in premiums of {qu MonthlyLEPAmount} from {qu StartingMonth} to {qu ThroughMonth}. Please contact the Coordination of Benefits Unit at CMS by calling (866) 318-0814, option 2, for more information regarding this penalty. To avoid cancellation of coverage, please remit a personal check for the balance due.

**16789-****{stdMbrPERSLinkID}**

**IBS BILLING STATEMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 16789 (Rev.10-2020)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920**

**REMITTANCE COPY**

|  |  |
| --- | --- |
| Member ID: | {stdMbrPERSLinkID} |
| Due Date: | {qu DueDate} |
| Amount Paid: |  |

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

*To ensure proper credit, return the* ***entire remittance copy*** *with your payment. Your check or money order needs to be payable to NDPERS and include your NDPERS Member ID.*

**MESSAGE BOARD:**

NDPERS encourages you to use our Automatic Premium Deduction service. This service allows you to have your premiums automatically deducted from a bank account. It is efficient, convenient, ensures your premiums will always be paid on time, and you will not have to worry about your check getting lost in transit. Please contact NDPERS for a “Retiree Authorization for Automatic Premium Deduction SFN 50134” or obtain on the NDPERS website at https://ndpers.nd.gov/.

If you need to change your name or address, a written request must be submitted. The request must provide your name, NDPERS Member ID, effective date and signature. You may also changes through your PERSLink Member Self Service.

**To Cancel Coverage:**

**Retirees:**

If you need to cancel your NDPERS insurance coverage, you need to complete and send NDPERS a “Request to Cancel Retiree Health Insurance Coverage SFN 58269”. If you or any covered dependents are on Medicare, you will also need to complete a “Group PDP Disenrollment Form”. These forms are available at https://ndpers.nd.gov/ or by contacting the NDPERS office. The form(s) must be submitted by the end of the month **prior** to the requested cancellation date.

**Non-Retirees (COBRA):**

If you need to cancel your NDPERS insurance coverage, a written request must be submitted by the end of the month **prior** to the requested cancellation date. The request must provide the contract holder’s name, NDPERS Member ID effective date and signature.

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.