**59057-****{stdMbrPERSLinkID}**



**RHIC REIMBURSEMENT VOUCHER**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 59057 (Rev. 01-2014)

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART A PARTICIPANT IDENTIFICATION | | | | |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | | | NDPERS Member ID {stdMbrPERSLinkID} | |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | | Date of Birth {stdMbrDateOfBirth} | |
| PART B INSURANCE PREMIUMS | | | | |
| In order to receive reimbursement of your Retiree Health Insurance Credit, a copy of your insurance billing statement for the month(s) must accompany this reimbursement request. | | | | |
| **Billing Month & Year** | **Provider** | **Insurance Type** | | **Premium Amount** |
|  |  |  | | $ |
|  |  |  | | $ |
|  |  |  | | $ |
|  |  |  | | $ |
|  |  |  | | $ |
|  |  |  | | $ |
| PARTC PARTICIPANT AUTHORIZATION | | | | |
| I declare that all information relating to this claim is true and correct to the best of my knowledge and belief, and subject to the laws and penalties governing any misrepresentation and fraud.I understand I will only be reimbursed up to the amount of my earned retiree health insurance credit benefit for each month. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Signature Date | | | | |



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**PART A PARTICIPANT INFORMATION**

For member identification, please provide all requested information.

**PART B INSURANCE PREMIUMS**

A legible copy of your monthly insurance billing statement must accompany this reimbursement form. If claiming reimbursement for multiple months, a copy of each billing is required. Reimbursement for your eligible Retiree Health Insurance Credit will not be processed without the supporting insurance billing statement.

**PART C PARTCIPANT AUTHORIZATION**

You must sign and date this section for this form to be valid.