**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}

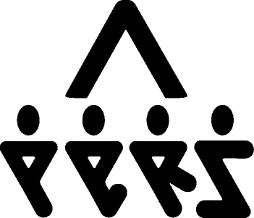
**Your account shows a past due balance, this must be paid the 15th of this month in order to avoid cancellation of coverage.**

Statement Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Balance Forward:** |  |  |  | **{qu BalanceForward}** |
|  |  |  |  |  |
| Health Insurance Premium: |  |  |  | {qu HealthInsPremium} |
| Medicare Part D: |  |  |  |  |
| Medicare Part D Premium: |  | {qu MedicarePartDIns} |  |  |
| Late Enrollment Penalty: |  | {qu LEPAmount} |  |  |
| Low Income Subsidy |  | {qu LISAmount} |  |  |
| Subtotal Medicare Part D Premium: | | |  | {qu TotalMedicarePartDAmount} |
| Dental Insurance Premium: |  |  |  | {qu DentalIns} |
| Vision Insurance Premium: |  |  |  | {qu VisionIns} |
| Life Insurance Premium: |  |  |  |  |
| Individual Basic: |  | {qu LifeBasic} |  |  |
| Individual Supplemental: |  | {qu LifeSupp} |  |  |
| Dependent Supplement:  Spouse Supplemental: |  | {qu LifeDepSupp}  {qu LifeSpouseSupp} |  |  |
| Subtotal Life Insurance Premium: | | |  | {qu TotalLifeIns} |
| Adjustments: |  |  |  | {qu TotalAdjs} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Balance Due**: |  |  |  | **{qu TotalBalanceFwd}** |

**If the Current Balance Due is a credit balance ($$$.$$), you do not need to make a payment. This amount will be carried forward and applied to your next month's premiums.**

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**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}.

{x quif PaymentMethodBankAccount = Y}

Payment Method:

{x else}

{x quif PaymentMethodPensionCheck = Y}

Payment Method:

{x else}

{x quif PaymentMethodTFFR = Y}

Payment Method:

{x endif}

{x endif}

{x endif}

{x quif PaymentMethodBankAccount = Y}

Bank Account –:

**We received your application and you elected to have these premiums deducted from your bank account. Due to the timing of this application, we are unable to deduct the premiums for the current month from your bank account. Please send a personal check for this bill. Next month your premiums will be deducted from your bank account.**

{x endif}

{x quif PaymentMethodPensionCheck = Y}

NDPERS Pension Check –:

**We received your application and you elected to have these premiums deducted from your NDPERS pension payment. Due to the timing of this application, we are unable to deduct the premiums for the current month from your NDPERS pension payment. Please send a personal check for this bill. Next month your premiums will be deducted from your NDPERS pension payment.**

{x endif}

{x quif PaymentMethodTFFR = Y}

TFFR Pension Check –:

**We received your application and you elected to have these premiums deducted from your TFFR pension payment. Due to the timing of this application, we are unable to deduct the premiums for the current month from your TFFR pension payment. Please send a personal check for this bill. Next month your premiums will be deducted from your TFFR pension payment.**

{x endif}

{x quif PaymentMethodCorBankAccountChange = Y}

Payment Method Corrections:

{x else}

{x quif PaymentMethodCorBankAccountClose = Y}

Payment Method Corrections:

{x else}

{x quif PaymentMethodCorPensionCheckNoLonger = Y}

Payment Method Corrections:

{x endif}

{x endif}

{x endif}

{x quif PaymentMethodCorBankAccountChange = Y}

Bank Account Change –:

**Due to the timing of the request made to change bank accounts, we were unable to deduct your premiums of (Insert Amount from Amount Due Field) for the current month from your bank account. Please send a personal check for this bill. Your insurance premiums will be withheld from your new bank account next month.**

{x endif}

{x quif PaymentMethodCorBankAccountClose = Y}

Bank Account Closed –:

**We received notice from your bank that your bank account has been closed and we were unable to deduct your premiums of (Insert Amount from Amount Due Field) for the current month. Please send a personal check for this bill. You are still required to have these premiums deducted from a bank account or your pension check if receiving and amount is sufficient. Please complete the enclosed form for Authorization for Automatic Premium Deduction and return with your payment.**

**Enclosure: SFN 50134 Authorization for Automatic Premium Deduction**

{x endif}

{x quif PaymentMethodCorPensionCheckNoLonger = Y}

Pension Check No Longer Sufficient –:

**Your NDPERS pension payment is no longer sufficient to withhold your insurance premiums of (Insert Amount from Amount Due Field) for the current month. Please send a personal check for this bill. As your NDPERS pension payment is no longer sufficient, you are required to have these premiums deducted from your bank account. Please complete the enclosed form for Authorization for Automatic Premium Deduction and return with your payment.**

**Enclosure: SFN 50134 Authorization for Automatic Premium Deduction**

{x endif}

{quif MedicarePartD = Y}

If any part of your insurance coverage is Medical and Medicare Part D prescription drug coverage, to continue your insurance coverage your check in the amount of {qu AmountDue} must be received in this office no later than {qu DueDate} . If we do not receive your payment by the requested date, your coverage will be cancelled as of {HealthCancel}. In compliance with the Centers for Medicare and Medicaid Services (CMS), this letter serves as your 21 -day notice that your Medicare part D prescription drug coverage wiII also be cancelled as of {MedicarePartDCancel}.

{endif}