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| **53510-****{stdMbrPERSLinkID}**   |  |  | | --- | --- | | **{SFNLogo}** | **COBRA EXTENSION FOR SOCIAL SECURITY DISABILITY AWARD**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 53510 (Rev. 02-2015)  **{SFNAddress}** |  |  |  |  | | --- | --- | --- | | **PART A MEMBER INFORMATION** | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | NDPERS Member Id **{stdMbrPERSLinkID}** | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | Date of Birth **{stdMbrDateOfBirth}** | | **PART B COBRA EXTENSION DETERMINATION** | | | | Is Member Currently On COBRA?  No  Yes, Which plans: Health Dental Vision | | | | Current COBRA Coverage Termination Date: | | | | Copy of Social Security Disability Award Letter Received On: | | | | Does Member Qualify For 11 – Month COBRA Extension?  Yes  No, Reason: | | | | COBRA Coverage Extended To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (additional 11 months)  For: Health, Dental, Vision | | | | **PART C AUTHORIZATION** | | | | Determination By: | Date: | | | Approved By: | Date: | | | Copy: Benefits & Insurance Specialist | | | |