**58591-****{stdMbrPERSLinkID}**



**REQUEST TO COMBINE RETIREE HEALTH INSURANCE CREDITS**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58591 (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 MEMBER INFORMATION – List names of both spouses | | | |
| Member’s Name (Last, First, Middle) {stdMbrFullNameLFM} | | | NDPERS Member ID {stdMbrPERSLinkID} |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | | Date of Birth {stdMbrDateOfBirth} |
| Member’s Name (Last, First Middle) | | | NDPERS Member ID |
| Last Four Digits of Social Security Number | | | Date of Birth |
| PART B NOTICE TO MEMBER | | | |
| **PLEASE READ THIS ENTIRE NOTICE CAREFULLY** | | | |
| Members are responsible for authorizing and informing NDPERS when to start and stop combining their respective retiree health insurance credits.  Any election received prior to the 15th of the month will be effective the first of the following month unless otherwise noted in Part C. Retroactive adjustments to retiree health insurance credits or levels of coverage will not be accommodated if you fail to inform NDPERS when to start and stop combining retiree health insurance credits or change level of coverage.  **This election must be accompanied with a Retiree Health Insurance Application SFN 16277. This form must be completed by the contract holder.**  **Before making your decision, please examine all your options to be sure you understand the plan coverages.** | | | |
| **PART C EFFECTIVE DATE \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** | | | |
| **PART D AUTHORIZATION – MUST BE SIGNED BY BOTH SPOUSES** | | | |
| **Cancellation Policy:** NDPERS must receive a cancellation request by the 15th of the month prior to the effective date. We cannot cancel for a partial month or do a retroactive cancellation. To request a cancellation, complete a **Request to Cancel Combined Retiree Health Insurance Credits SFN 58592**.  Please combine our respective retiree health insurance credits. We understand that it is our responsibility to authorize or inform NDPERS when to start and stop combining retiree health insurance credits. We also understand that NDPERS will research their records for our marriage certificate. If not on record, NDPERS will request and we will be required to submit this document before this authorization can go into effect. | | | |
| **Please combine our retiree health insurance credits into this account:** | | | |
| **Name:** | | **NDPERS Member ID:** | |
| Member’s Signature: | Member’s Signature: | | |



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**INSTRUCTIONS**

**Part A Member Information**

For member identification, please provide all requested information.

**ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS**

Enter the names of both members.

**Part B Notice to member**

Read this section carefully! This section contains important information that you need to know before combining retiree health insurance credits.

**Part C Effective Date**

Enter the effective date. Any authorizations received prior to the 15th of the month will be effective the first of the next month, unless otherwise noted

**Part D Authorization**

Both members must sign SFN 58591 to be valid.