**EMPLOYER REPORT OF GROUP INSURANCE**



NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58808 (Rev. 02-2014)

**Return with payment to: NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**

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

| Employer Name {stdOrgName} | | | | | | NDPERS Organization ID {stdOrgCodeId} | | | | | Page 1 of 2 | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Due to NDPERS Office {DueDate} | | | | | Pay Period Month {PayPeriodMonth} | | | | | | | |
| **Employee Name** | **NDPERS Member Id** | **Health**  **Prem.** | **Ins.**  **Age** | **Basic Ins.**  **Prem.** | **Supplemental**  **Prem.** | | **Dependent**  **Prem.** | **Spouse**  **Prem.** | **Dental**  **Prem.** | **Vision**  **Prem.** | | **LTC**  **Prem.** |
| {tb tbEmployeeContribtndtl} |  |  |  |  |  | |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Totals** | {THealth} |  | {TBasic} | {TSupp} | {TDepe} | {TSpouse} | {TDental} | {TVision} | {TLTC} |

**ADDITIONS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Totals** | |  |  |  |  |  |  |  |  |  |

**DELETIONS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Totals** | |  |  |  |  |  |  |  |  |  |

Total Amount Due Health: $

Total Amount Due Basic Ins. $

Total Amount Due Suppl. Ins. $

Total Amount Due Dep. Ins. $

Total Amount Due Spouse Ins. $

Total Amount Due Dental: $

Total Amount Due Vision: $

Total Amount Due LTC: $

Grand Total Amount Due: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance Forward: $

$

TOTAL AMOUNT PAID:

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_