**59062-****{stdMbrPERSLinkID}**



**AUTHORIZATION FOR THIRD PARTY PREMIUM PAYMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 59062 (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 TYPE | | | | | | | | | |
| Health | Policy Number | | | | Amount $ | | | Effective Date | |
| Prescription Drug | Policy Number | | | | Amount $ | | | Effective Date | |
| PART C PAYMENT METHOD | | | | | | | | | |
| Mail premium to the following address: | | | | | | | | | |
| Insurance Provider | | | | | | | | | |
| Address | | | | | | | | | |
| City | | State | | | | | Zip Code + 4 | | |
| Telephone Number | | | | Fax Number | | | | | |
| Transfer premium to the provider’s bank account: Complete the following information: | | | | | | | | | |
| Insurance Provider | | | | | | | | | |
| Name of Financial Institution (Bank) | | | | | | | | | |
| Address | | | | | | | | | |
| City | | | State | | | | | | Zip Code |
| Account Number | | | Type of Account :  Checking  Savings | | | | | | |
| Routing Number (9 Digits) | | | | | | | | | |
| Telephone Number | | | | Fax Number | | | | | |
| **PART D MEMBER AUTHORIZATION** | | | | | | | | | |
| This authorization will remain in effect until the member notifies NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. I agree to the terms listed on this authorization.  Member’s Signature Date | | | | | | | | | |



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**PART A PARTICIPANT INFORMATION**

For member identification, please provide all requested information.

**PART B INSURANCE TYPE**

Indicate:

1. The type of insurance you are requesting for premium payment AND policy number of the plan
2. The premium amount of the insurance
3. The effective date when payment should begin

**PART C PAYMENT METHOD**

You may have NDPERS mail your premium payment or wire transfer the premium to your insurance provider. Select ONE payment method. After making your selection, complete the requested vendor information.

**PART D MEMBER AUTHORIZATION**

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