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| **16789-****{stdMbrPERSLinkID}**   |  |  | | --- | --- | | {SFNLogo} | **IBS BILLING STATEMENT**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 16789 (Rev. 12-2015)  {SFNAddress} |  |  |  | | --- | --- | | Billing Date: | { BillDate } | | NDPERS Member ID: | {stdMbrPERSLinkID} | | Due Date: | { DueDate } | | Amount Due: | { TotalDue } |   {stdMbrFullName}  {stdMbrAdrCorStreet1}  {x stdMbrAdrCorStreet2}  {stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}  {x when PastDueIdentifier is “1”}  **Your account shows a past due balance, this must be paid the 15th of this month in order to avoid cancellation of coverage.**  {x endblock}  Statement Details:   |  |  |  |  | | --- | --- | --- | --- | | Balance Forward: |  |  | {BalanceForward} | |  |  |  |  | | { CoverageDesc } |  |  |  | | Health Insurance Premium: |  |  | {HealthPremiumAmt} | |  |  |  |  | | Medicare Part D Premium: |  |  | {TotalMedicareDPremium} | |  |  |  |  | | Dental Insurance Premium: |  |  | {DentalPremiumAmt} | |  |  |  |  | | Vision Insurance Premium: |  |  | {VisionPremiumAmt} | |  |  |  |  | | Life Insurance Premium: |  |  |  | | Individual Basic: |  | {BasicPremiumAmt} |  | | Individual Supplemental: |  | {SupplementalPremiumAmt} |  | | Spouse Supplemental: |  | { SpousePremiumAmt } |  | | Dependent Supplemental: |  | {DepemdentPremiumAmt} |  | | Subtotal Life Insurance Premium: | | | { LifePremiumAmt } | |  |  |  |  | | Long Term Care Premium: |  |  | {LTCPremium} |   {x when AdjustmentIdentifier is “1”}   |  |  |  |  | | --- | --- | --- | --- | | Adjustments: |  |  | {AdjustmentAmount} |   {x endblock}   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Current Balance Due: |  |  |  | { TotalDue } |   **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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| **16789-****{stdMbrPERSLinkID}**     |  |  | | --- | --- | | {SFNLogo} | **IBS BILLING STATEMENT**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 16789 (Rev. 12-2015)  {SFNAddress} |   **REMITTANCE COPY**     |  |  | | --- | --- | | NDPERS Member ID: | {stdMbrPERSLinkID} | | Due Date: | { 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”.  **To Cancel Coverage:**  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 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.  If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}. |