

PART E OTHER COVERAGE INFORMATION

Are you, your spouse or any of your Eligible Dependents currently or were previously covered by another insurance benefit plan(s), **INCLUDING NDPERS BENEFIT PLAN(S)**? No, skip to next section Yes, **please complete this section AND attach Certificate(s) of Coverage or other documentation from your insurance company. Failure to provide documentation may affect your waiting period.**

| Other Coverage Name & Phone Number | Policy Number | Policyholder (last, first, middle) | Date of Birth | Policy Coverage Dates (mm-dd-yy) | Name(s) of Person(s) Covered |
|------------------------------------|---------------|------------------------------------|---------------|----------------------------------|------------------------------|
| | | | | From: | |
| | | | | To: | |
| | | | | From: | |
| | | | | To: | |

Do you intend to keep your current policy (ies) in force after the effective date of this Application?
 Yes No, Why? _____

Workers' Compensation/No-Fault

Are you, your spouse or any of your Eligible Dependents currently receiving or have received worker's compensation benefits? No Yes
 Are you, your spouse or any of your Eligible Dependents currently receiving no-fault benefits? No Yes

PART F PAYMENT METHOD

If you are drawing a pension from a NDPERS defined benefit plan (NDPERS/NDHPRS), the Teacher's Fund for Retirement (TFFR), or the Job Service Retirement Plan, you can have your health insurance premium deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account.

If you are drawing a pension from TIAA-CREF or the NDPERS Defined Contribution Plan or you are an ex-legislator, your health insurance premiums must be withheld from a bank account.

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request must be submitted. The request must provide the contract holder's name, last four digits of social security number, NDPERS Member Id and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

| <u>RETIREMENT GROUP</u> | <u>PAYMENT OPTION – MUST SELECT ONE</u> |
|---|---|
| <input type="checkbox"/> NDPERS/NDHPRS <input type="checkbox"/> TFFR <input type="checkbox"/> Job Service <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> NDPERS Defined Contribution <input type="checkbox"/> Ex-Legislator <input type="checkbox"/> Alternate Retirement System | <input type="checkbox"/> Deduct from pension check (Option only available for NDPERS/NDHPRS, TFFR, Job Service) <input type="checkbox"/> Withhold from bank account (Complete SFN 50134) |

PART G MEMBER AUTHORIZATION

To the best of my knowledge and belief, the information I have provided on this form is correct. I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime. I understand my coverage begins on the effective date assigned by the carrier.

I have read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.

_____ Date Signed

Signature of Applicant