



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

Election to Continue or Reject Insurance

(For use by retiring Employees only)

INSTRUCTION:

This form must be completed:

- 1) by an active member who is currently enrolled in the government group life insurance program; and
- 2) at the time of retirement to let us know if you wish to continue or reject the government life insurance coverage you are with while actively employed.

PLEASE TYPE OR PRINT LEGIBLY. THANK YOU.

In conjunction with my application for a retirement annuity, I do hereby elect, on the date indicated below, to:

_____ **Continue** my life insurance coverage with the Government Group Life Insurance to the extent such coverage is available to retirees. I also understand that the Retirement Fund will pay the employer's share of the premium cost for coverage and I attach my CNMI Government Group Life Insurance Enrollment form to continue coverage.

_____ **Reject** continuation of my life insurance coverage with the Government Group Life Insurance. I understand that by **rejecting** life insurance, I will never be able to enroll in the government life insurance program in the future as a retiree.

Member Signature

Date

FOR RETIREMENT FUND OFFICIAL USE ONLY:

Date of Retirement: _____

Coverage at Retirement: \$ _____

Reviewed by: _____

Approved by: _____

Date: _____

Date: _____

RF-2E (Rev 03/2012)