



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## IMPORTANT NOTICE TO NEW RETIREES (EXCLUDING SURVIVING SPOUSES & CHILDREN)

*Please read this form carefully. It is **applicable to you only if you are enrolled** in the Government Health Insurance program as an Employee & must be completed at the time of retirement.*

Effective June 14, 2007, Public Law 15-70 amended provisions of the Government Health Insurance Program as follows:

“Annuitants shall be provided with an option, to be exercised within six (6) months of the date of retirement, to continue their Commonwealth government health insurance coverage under the same group terms and conditions as that government coverage, if any, is offered each fiscal year to Commonwealth government employees. The fund assumes no liability to the annuitant for group health insurance coverage beyond the payment of the Government’s share of the premiums for that fiscal year on behalf of an electing annuitant as provided in this section. Any person who declines to exercise the health insurance option within six (6) months of the date of retirement, or who exercises the option and subsequently cancels health insurance coverage more than six (6) months after the date of retirement, shall not be entitled to reapply for coverage.”

By signing below, I hereby acknowledge that I have read and understand the provision cited above. I further acknowledge that this provision to exercise my one-time option to enroll or to waive enrollment in the Government Group Health Insurance program shall expire as of \_\_\_\_\_, 20\_\_\_\_. I affirm that by failing to take any action by the date stated, I have waived the option to enroll. In the event I enroll before the date stated, I will remit any amounts owed for premiums due as of the effective date of the approval of my application for Government Group Health Insurance Enrollment.

RETIREE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

FUND REPRESENTATIVE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

SF-2C (REV. 01/2015)