

Affordable Care Act (ACA)– Health Insurance Payment

AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION

I understand that my Employer will pay monthly to North Dakota Public Employees Retirement System both the Employer and Employee premium for the group health insurance plan provided to me through my Employer under the ACA . I hereby authorize my Employer to deduct from my salary in each pay period that I am eligible for the group health insurance plan, the employee premium for my health insurance coverage:

1. The sum of ____\$49.44 (single coverage) **or** ____\$534.10 (family plan) will be deducted from my paycheck each pay period, as a reimbursement for the employee portion of the monthly group health insurance premium paid by my Employer. This deduction will continue until I terminate the coverage in writing or I am notified in writing that I am no longer eligible for the insurance. Insurance premiums are paid a month in advance. A deduction adjustment will be necessary to collect premiums on your first paycheck. I also understand that the Employer and Employee contribution amounts may change annually as premiums under the State Health Insurance Plan change and therefore, any payroll deduction will be adjusted accordingly.

2. If my salary in any given pay period in which I am obligated to reimburse my Employer for the payment by Employer of the group health insurance plan premium, on my behalf (representing the employee cost), is not sufficient to pay that monthly premium in full, then I further authorize my Employer to deduct the additional sum owing from any subsequent paycheck(s) or acknowledge my Employer may bill me immediately for balance due. If I do not pay the balance due within a 30 day grace period my insurance will be cancelled effective the 1st of the month following the grace period. Cancellation will be for the remainder of the ACA Stability Period and I will not be COBRA eligible during this Period.

3. If at the time that my employment is terminated for any reason, there is an outstanding balance on my obligation to reimburse my Employer for health insurance premiums paid by Employer on my behalf, then a sum sufficient to pay the balance due in full, or the maximum amount permitted by law may be withheld from any remaining paycheck(s). I understand that if there is insufficient salary to pay the balance due my Employer in full at time that my employment is terminated, and I otherwise neglect or refuse to make payment arrangements for the balance owing, that my Employer has the option to take legal action against me in an effort to obtain the money owed and to the extent permitted by law, the costs of the collection action.

I also understand that I can revoke this Authorization in writing, with 30 days' notice to my Employer.

Printed Employee Name	Employees Signature	EmplID	Date

DIRECTIVE TO DISCONTINUE THE PAYROLL DEDUCTION:

I hereby terminate the above Payroll Deduction Authorization, which will terminate my group health insurance on the first of _____, 20____. Request must be received 30 days prior to this date.

Printed Employee Name	Employees Signature	Empl ID#	Date

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