{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: PENSION PAYMENT VERIFICATION**

Dear {stdMbrSalutation}:

As requested, below is the detail of your current pension payment:

|  |  |
| --- | --- |
| **Item Description** | **Item Amount** |
| { tb MontlyBenefits } |  |

Please also note that according to NDCC 28-22-19, a member’s retirement benefits are exempt from liability for debts of the person to or on account of whom the amounts are paid, and are not subject to seizure upon execution or other processes.

{x if Main2020orDC2020 = 0}

Retiree Health Insurance Credit**\*** – {RhicAmount} nontaxable reimbursement towards eligible after tax insurance premiums.

{x endif}

**\***The monthly amount is payable to the member for as long as they live. The monthly amount and duration of payments only differs in how the beneficiary is paid in the event of the member’s death.

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division