{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{BeneAdrCorStreet1}

{x BeneAdrCorStreet2}

{BeneAdrCorCity} {BeneAdrCorState} {BeneAdrCorZip}

**RE: NDPERS ACCOUNT(S) OF** **{deceasedName} (DECEASED)** **{deceasedPERSLinkID}**

Dear {stdMbrSalutation }:

We are sorry to hear of {deceasedFirstName}’s death and wish to extend our sincere sympathy to you and your family members. This letter will outline the benefits available to you and the actions you will need to take.

A certified copy of {deceasedFirstName}’s Certificate of Death has to be provided to NDPERS. A certified copy can be obtained from the local registrar of vital records.

**RETIREMENT ACCOUNT:**

{x when MemberIsNotABeneficiaryInDBOrDC has “Y”}

Retirement account beneficiaries will be contacted separately.

{x endblock}

{x when RelationshipIsEstateForDBOrDCPlan has “Y”}

Upon review of {deceasedFirstName}’s file we found that the Estate is designated as a beneficiary for the retirement account. The retirement account balance is {DeceasedMemberAccountBalance}.

{x endblock}

{x when RelationshipIsTrust has “Y”}

Upon review of {deceasedFirstName}’s file we found that the Trust is designated as a beneficiary for the retirement account. The retirement account balance is {DeceasedMemberAccountBalance}.

Enclosed is a Statement of Beneficiary (Group Retirement Plan) SFN 51702 and Beneficiary Income Tax Withholding Election SFN 59056. This benefit application allows you to indicate your retirement payment option choice in Part C. Please complete Part D only if you will have a direct rollover of any portion of the account. If you are {deceasedFirstName}’s legal representative, we will need a photocopy of your legal documentation.

{x endblock}

{x when MemberIsNotABeneficiaryInDBOrDC has “N”}

Enclosed is a Statement of Beneficiary (Group Retirement Plan) SFN 51702 and Beneficiary Income Tax Withholding Election SFN 59056. This benefit application allows you to indicate your retirement payment option choice in Part C. Please complete Part D only if you will have a direct rollover of any portion of the account. If you are {deceasedFirstName}’s legal representative, we will need a photocopy of your legal documentation.

{x endblock}

{x when NonVestedDeathIfPersonIsBeneficiaryO**r**VestedDeathIfMultipleBeneficiaries has “Y”}

As you may know, {deceasedFirstName} participated in the North Dakota Public Employees Retirement System (NDPERS). As a beneficiary you have two payment options:

1) You may take a lump sum distribution of the account. The amount in the account as of this date is {DeceasedMemberAccountBalance}. Of this amount, {TaxableAmountOfAccountBalance} is taxable and {NonTaxableAmountOfAccountBalance} is non-taxable. Any non-taxable income reflects after-tax employee contributions.

{x when FamilyRelationshipIsSpouse has “Y”}

Because NDPERS is a qualified retirement plan, there are tax consequences imposed by the Internal Revenue Service if the lump sum is paid directly to you. Under the law, NDPERS is required to withhold 20% of the taxable amount for federal income tax. Therefore, NDPERS would withhold approximately {20PercentOfTaxableAmountOfAccountBalance} for federal income tax.

{x endblock}

Please refer to the "Special Tax Notice Regarding Plan Payments" enclosed regarding the tax consequences for lump sum distributions.

As a surviving spouse, if you take this option, you will forfeit the following:

* Retirement Benefits
* Non-vested Employer Contributions
* Retiree Health Credit
* Dakota Plan health Insurance Coverage\*
* Dental Insurance Coverage\*
* Vision Insurance Coverage\*

\*If you are participating in any of these benefits at the time of your spouse’s death, COBRA continuation is available for a maximum of 36 months.

2) You may also elect to have either the total or part of the account rolled over into another qualified plan without tax liabilities. Federal law allows an individual to rollover both the taxable and non-taxable income into a traditional IRA or eligible employer plan that will accept the income.

If you are rolling over any non-taxable income, a letter of acceptance is required from the financial institution indicating that they will accept both the taxable and non-taxable funds. Please check with your financial institution to make sure that they can accept the funds, to verify who is responsible for the necessary separate recordkeeping for the funds, and to request the letter of acceptance.

Any portion of the account not rolled over will be sent directly to you and subject to taxes as outlined in option #1. Please refer to the "Special Tax Notice Regarding Plan Payments" regarding the rollover option.

Enclosed { when AccountRelationshipIsSpouse has “N”} are a Statement of Beneficiary (Group Retirement Plan) SFN 51702 and Beneficiary Income Tax Withholding Election SFN 59056 { endblock}{ when AccountRelationshipIsSpouse has “Y”} is an Application for Surviving Spouse Benefit SFN 52254{ endblock}. This benefit application allows you to indicate your retirement payment option choice in Part C. Please complete Part D only if you will have a direct rollover of any portion of the account.

{x endblock}

{x when VestedIfOnlySpouseIsBeneficiary has “Y”}

As you may know, {deceasedFirstName} participated in the North Dakota Public Employees Retirement System (NDPERS). As a surviving spouse, you have three payment options:

1. You may take a lump sum distribution of the account. The amount in the account as of this date is {DeceasedMemberAccountBalance}. Of this amount, {TaxableAmountOfAccountBalance } is taxable and {NonTaxableAmountOfAccountBalance} is non-taxable. Any non-taxable income reflects after-tax employee contributions.

Because NDPERS is a qualified retirement plan, there are tax consequences imposed by the Internal Revenue Service if the lump sum is paid directly to you. Under the law, NDPERS is required to withhold 20% of the taxable amount for federal income tax. Therefore, NDPERS would withhold approximately {20PercentOfTaxableAmountOfAccountBalance} for federal income tax. Please refer to the "Special Tax Notice Regarding Plan Payments" enclosed regarding the tax consequences for lump sum distributions.

1. You may also elect to have either the total or part of the account rolled over into another qualified plan without tax liabilities. Federal law allows an individual to rollover both the taxable and non-taxable income into a traditional IRA or eligible employer plan that will accept the income.

If you are rolling over any non-taxable income, a letter of acceptance is required from the financial institution indicating that they will accept both the taxable and non-taxable funds. Please check with your financial institution to make sure that they can accept the funds, to verify who is responsible for the necessary separate recordkeeping for the funds, and to request the letter of acceptance.

Any portion of the account not rolled over will be sent directly to you and subject to taxes as outlined in option #1. Please refer to the "Special Tax Notice Regarding Plan Payments" regarding the rollover option.

1. You may choose a Lifetime option that allows you to receive a monthly benefit for your lifetime. The benefit amount under this option would be {HigherValueOf50PercentOr100PercentJSAmt} per month.

Enclosed is an Application for Surviving Spouse Benefit SFN 52254. This application allows you to indicate your retirement payment option in Part C. Please complete Part D only if you choose a direct rollover of any portion of the account

If you choose the Lifetime payment option, it is also necessary for you to provide a photocopy of your marriage certificate, {deceasedFirstName}’s birth certificate, and your birth certificate.

If you choose the Lifetime payment option, beneficiary (ies) should be named for your account, should you die before the total account is paid out. Enclosed is a Designation of Beneficiary SFN 2560 form for you to complete.

If you choose the Lifetime payment option, you may have federal and North Dakota tax income tax withheld from your pension. You may also have the monthly payment directly deposited into a checking/savings account. Enclosed are a Withholding Allowance Election for Pension Payments SFN 51506 and an Authorization for Direct Deposit for Annuity Payments SFN 18379 for you to complete.

{x endblock}

{x when MemberHadDCPlan has “Y”}

{x when DCBeneficiaryHasFamilyRelationshipOfSpouse has “Y”}

As you may know, {deceasedFirstName} participated in the North Dakota Public Employees Retirement System (NDPERS). {deceasedFirstName} participated in the Defined Contribution Retirement Plan with pension investments and record keeping through TIAA.

Enclosed please find TIAA and NDPERS forms to be completed regarding {deceasedFirstName}’s retirement account. The retirement account balance may be obtained by contacting TIAA at 1-800-343-0860.

As a beneficiary you have four (4) option to choose from:

1) **Transfer:** transfer to a TIAA account in your name and defer distribution until a later date.

2) **Installment Payments:** distribute the account in substantially equal installments over a period of years, usually 10 years or your lifetime.

3) **Direct Rollover:** rollover to a TIAA IRA or to another IRA custodian of your choice.

4) **Single Sum Payment:** distribution of the full account to you.

You are not eligible to choose **Option 2–** since {deceasedFirstName} had not begun distribution of the account.Please read the “*Distributions Options and Instructions for completing the TIAA-CREF Distribution Form”* before completing the**TIAA-CREF Distribution form.**

Please complete the Distribution form as directed and return to the NDPERS office. NDPERS will authorize TIAA to distribute the account according to your chosen distribution option. In addition, the enclosed Statement of Beneficiary (Group Retirement Plan) SFN 51702 and Withholding Allowance Election for Pension Payments SFN 51506 will need to be completed.

{x endblock}

{x when DCBeneficiaryHasFamilyRelationshipOfSpouse has “N”}

As you may know, {deceasedFirstName} participated in the North Dakota Public Employees Retirement System (NDPERS). {deceasedFirstName} participated in the Defined Contribution Retirement Plan with pension investments and record keeping through TIAA.

The retirement account balance may be obtained by contacting TIAA by phone at 1-800-842-2252.

As a beneficiary, you have the following three options to choose from:

1) **Transfer:** transfer to a TIAA account in your name and defer distribution until a later date.

2) **Direct Rollover:** rollover to a TIAA IRA or to another IRA custodian of your choice.

3) **Single Sum Payment:** distribution of the full account to you.

Please complete the Distribution form as directed and return to the NDPERS office. NDPERS will authorize TIAA to distribute the account according to your chosen distribution option. In addition, the enclosed Statement of Beneficiary (Group Retirement Plan) SFN 51702 will need to be completed.

{x endblock}

{x endblock}

{x when BeneficiaryIsUnder18yrsOfAge has “Y”}

As a minor child, the custodian with whom you reside or your legal guardian must complete the enclosed Affidavit for Minor Beneficiary SFN 53744 and Statement of Beneficiary (Group Retirement Plan) SFN 51702. As indicated in Part B of the enclosed Affidavit, if there is a legal guardian then proof of guardianship is required.

{x endblock}

{x endblock}

{x when VestedIfOnlySpouseIsBeneficiary has “Y”}

**RETIREE HEALTH INSURANCE CREDIT:**

If you elect to receive the Lifetime benefit option, you will be eligible to receive a monthly retiree health insurance credit of {RHIC}.  Please refer to the enclosed flyer for details regarding the retiree health insurance credit, the reimbursement process and eligible premiums for reimbursement.

{x endblock}

{x when DCBeneficiaryHasFamilyRelationshipOfSpouse has “Y”}

**RETIREE HEALTH INSURANCE CREDIT:**

If you elect to receive periodic payments under the Defined Contribution plan, you will be eligible to receive a monthly retiree health insurance credit of {RHIC}.  Please refer to the enclosed flyer for details regarding the retiree health insurance credit, the reimbursement process and eligible premiums for reimbursement.

{x endblock}

{x when IsSpouseOrDependentInHealth has “Y”}

{x when IsHealthVisible has “Y”}

**HEALTH INSURANCE:**

{x when DeceasedHasHealthInsuranceIsNotVestedAndPersonIsAHealthPlanDependent has “Y”}

You are eligible to participate in the health plan for a maximum of 36 months (COBRA). The premiums are:

###### Type Gross Amount

Single Policy {HealthSinglePolicyCOBRAPremium}

Family Policy {HealthFamilyPolicyCOBRAPremium}

Enclosed is a Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883for you to complete if you wish to participate in the NDPERS group health plan.

If you prefer to have your monthly health insurance premium deducted from a bank account, please complete and return the enclosed Authorization for Premium Deduction SFN 50134.

{x endblock}

{x when DeceasedMemberDoesNotHaveHealthInsuranceAndIsNotVested has “Y”}

Our records indicate that {deceasedFirstName} did not participate in the NDPERS group health plan.

{x endblock}

{x when DeceasedMemberHasHealthInsuranceAndNoDependents has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS group health plan. The policy will be cancelled effective the end of the month the death occurred.

{x endblock}

{x when VestedAndMarriedAndPersonIsHealthPlanDependent has “Y”}

You are eligible to participate in the NDPERS group health insurance plan.

Under the refund/rollover retirement options, you are eligible to participate in the health plan for a maximum of 36 months (COBRA) and no health credit would be applied. The premiums under the refund/rollover retirement options are:

###### Type Gross Amount

Single Policy { HealthSinglePolicyCOBRAPremium }

Family Policy { HealthFamilyPolicyCOBRAPremium }

If you prefer to your monthly premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

Under the Lifetime retirement option, you are eligible to participate for your lifetime and receive the health insurance credit of {RHIC} for as long as you participate in the plan.

###### Type Gross Amount

Single Policy {HealthSinglePolicyCOBRAPremium}

Family Policy {HealthFamilyPolicyCOBRAPremium}

If your benefit payment is greater than the balance of insurance premium due, the premium will be deducted from your benefit payment. If the premium is greater than your pension amount, you may be billed direct, or you may have your premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

Enclosed is a Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883for you to complete if you wish to participate in the NDPERS group health plan.

{x endblock}

{x when MemberNotOnHealthVestedAndFamilyRelationshipIsSpouse has “Y”}

You are eligible to participate in the NDPERS group health insurance plan depending upon the retirement option you choose.

1. Under the refund/rollover retirement options you are not eligible to participate in the health plan.
2. Under the Lifetime retirement option, you are eligible to join the health plan for your lifetime and receive the health insurance credit of {RHIC} for as long as you participate in the plan.

The health premiums:

###### Type Gross Amount

Single Policy {HealthSinglePolicyPremium}

Family Policy {HealthFamilyPolicyPremium}

Family Policy (3 +) {HealthFamilyOf3PolicyPremium}

Enclosed is a Retiree Group Health Insurance Application SFN 16277 for you to complete if you wish to participate.

If your benefit payment is greater than the balance of insurance premium due, the premium will be deducted from your benefit payment. If the premium is greater than your pension amount, you may be billed direct, or you may have your premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

{x endblock}

{x endblock}

{x endblock}

{x when IsSpouseOrDependentInDental has “Y”}

{x when IsDentalVisible has “Y”}

**DENTAL INSURANCE:**

{x when DeceasedHasDentalInsuranceIsNotVestedAndPersonIsADentalPlanDependent has “Y”}

You are eligible to participate in the dental plan for a maximum of 36 months (COBRA). The premiums are:

###### Type Gross Amount

Single Policy { DentalSinglePolicyCOBRAPremium }

Family Policy { DentalFamilyPolicyCOBRAPremium }

Enclosed is a Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883for you to complete if you wish to participate in the NDPERS group dental plan.

If you prefer to have your monthly dental insurance premium deducted from a bank account, please complete and return the enclosed Authorization for Premium Deduction SFN 50134.

{x endblock}

{x when DeceasedMemberDoesNotHaveDentalInsuranceAndIsNotVested has “Y”}

Our records indicate that {deceasedFirstName} did not participate in the NDPERS group dental plan.

{x endblock}

{x when DeceasedMemberHasDentalInsuranceAndNoDependents has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS group dental plan. The policy will be cancelled effective the end of the month the death occurred.

{x endblock}

{x when VestedAndMarriedAndPersonIsADentalPlanDependent has “Y”}

You are eligible to participate in the NDPERS group dental insurance plan.

Under the refund/rollover retirement options, you are eligible to participate in the dental plan for a maximum of 36 months (COBRA). The premiums under the refund/rollover retirement options are:

###### Type Gross Amount

Single Policy {DentalSinglePolicyCOBRAPremium }

Family Policy {DentalFamilyPolicyCOBRAPremium }

If you prefer to your monthly premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

Under the Lifetime retirement option, you are eligible to participate for your lifetime in the plan.

###### Type Gross Amount

Single Policy { DentalSinglePolicyCOBRAPremium }

Family Policy { DentalFamilyPolicyCOBRAPremium }

If your benefit payment is greater than the balance of insurance premium due, the premium will be deducted from your benefit payment. If the premium is greater than your pension amount, you may be billed direct, or you may have your premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

Enclosed is a Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883for you to complete if you wish to participate in the NDPERS group dental plan.

{x endblock}

{x when MemberNotOnDentalAndVestedAndFamilyRelationshipIsSpouse has “Y”}

You are eligible to participate in the NDPERS group dental insurance plan depending upon the retirement option you choose.

1. Under the refund/rollover retirement options you are not eligible to participate in the dental plan.
2. Under the Lifetime retirement option, you are eligible to join the dental plan for your lifetime.

The dental premiums:

###### Type Gross Amount

Single Policy {DentalSinglePolicyPremium}

Family Policy {DentalFamilyPolicyPremium}

Enclosed is a Retiree Vision/Dental Insurance Enrollment/Change SFN 53504 for you to complete if you wish to participate.

If your benefit payment is greater than the balance of insurance premium due, the premium will be deducted from your benefit payment. If the premium is greater than your pension amount, you may be billed direct, or you may have your premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

{x endblock}

{x endblock}

{x endblock}

{x when IsSpouseOrDependentInVision has “Y”}

{x when IsVisionVisible has “Y”}

**VISION INSURANCE:**

{x when DeceasedHasVisionInsuranceAndIsNotVestedAndPersonIsVisionPlanDependent has “Y”}

You are eligible to participate in the vision plan for a maximum of 36 months (COBRA). The premiums are:

###### Type Gross Amount

Single Policy {VisionSinglePolicyCOBRAPremium }

Family Policy {VisionFamilyPolicyCOBRAPremium }

Enclosed is a Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883for you to complete if you wish to participate in the NDPERS group vision plan.

If you prefer to have your monthly vision insurance premium deducted from a bank account, please complete and return the enclosed Authorization for Premium Deduction SFN 50134.

{x endblock}

{x when DeceasedMemberDoesNotHaveVisionInsuranceAndIsNotVested has “Y”}

Our records indicate that {deceasedFirstName} did not participate in the NDPERS group vision plan.

{x endblock}

{x when DeceasedMemberHasVisionInsuranceAndNoDependents has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS group vision plan. The policy will be cancelled effective the end of the month the death occurred.

{x endblock}

{x when VestedAndMarriedAndPersonIsVisionPlanDependent has “Y”}

You are eligible to participate in the NDPERS group vision insurance plan.

Under the refund/rollover retirement options, you are eligible to participate in the vision plan for a maximum of 36 months (COBRA). The premiums under the refund/rollover retirement options are:

###### Type Gross Amount

Single Policy {VisionSinglePolicyCOBRAPremium }

Family Policy {VisionFamilyPolicyCOBRAPremium }

If you prefer to your monthly premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

Under the Lifetime retirement option, you are eligible to participate for your lifetime in the plan.

###### Type Gross Amount

Single Policy { VisionSinglePolicyCOBRAPremium }

Family Policy { VisionFamilyPolicyCOBRAPremium }

If your benefit payment is greater than the balance of insurance premium due, the premium will be deducted from your benefit payment. If the premium is greater than your pension amount, you may be billed direct, or you may have your premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

Enclosed is a Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883for you to complete if you wish to participate in the NDPERS group vision plan.

{x endblock}

{x when MemberNotOnVisionAndVestedAndFamilyRelationshipIsSpouse has “Y”}

You are eligible to participate in the NDPERS group vision insurance plan depending upon the retirement option you choose.

1. Under the refund/rollover retirement options you are not eligible to participate in the vision plan.
2. Under the Lifetime retirement option, you are eligible to join the vision plan for your lifetime.

The vision premiums:

###### Type Gross Amount

Single Policy {VisionSinglePolicyPremium}

Family Policy {VisionFamilyPolicyPremium}

Enclosed is a Retiree Vision/Dental Insurance Enrollment/Change SFN 53504 for you to complete if you wish to participate.

If your benefit payment is greater than the balance of insurance premium due, the premium will be deducted from your benefit payment. If the premium is greater than your pension amount, you may be billed direct, or you may have your premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

{x endblock}

{x endblock}

{x endblock}

**LIFE INSURANCE:**

{x when PersonIsNotBeneficiaryInLifeInsurancePlan has “Y”}

Life insurance beneficiaries will be contacted separately.

{x endblock}

{x When PersonIsALifeInsuranceBeneficiary has “Y”}

As you may know, {deceasedFirstName} carried a {LifeInsurancePolicyValue} life insurance policy with North Dakota Public Employees Retirement System (NDPERS) for which you were named beneficiary for {LifePercentage}% of the policy.

Enclosed you will find a *Life Insurance Claim* form where you must complete the "B*eneficiary Statement”* section in its entirety. Return the completed claim form to NDPERS and our office will forward the information to the life insurance company for processing. In approximately ten business days from the date of filing, you will receive a payment directly from the life insurance company.

{x endblock}

If the cause of death is the result of an accident, Accidental Death and Dismemberment benefits may apply.

{x when LifeInsuranceBeneficiaryAgeIsUnder18 has “Y”}

As you are a minor child, the life insurance carrier requires a copy of the court order appointing a guardian/conservator. Payment is made to the legal guardian.

{x endblock}

{x when BeneficiaryRecordExistsWithRelationshipEstateOrTrusteeForLifeInsurancePlan has “Y”}

{x when RelationshipIsEstate has “Y”}

Upon review of {deceasedFirstName}’s file we found that the Estate is designated as a beneficiary for the life insurance. If you are {deceasedFirstName}’s legal representative, we will need a photocopy of your legal documentation.

{x endblock}

{x when RelationshipIsTrustee has “Y”}

Upon review of {deceasedFirstName}’s file we found that the Trust is designated as a beneficiary for the life insurance. If you are {deceasedFirstName}’s legal representative, we will need a photocopy of your legal documentation.

{x endblock}

{x endblock}

**LONG TERM CARE INSURANCE:**

{x when LTCAccountDoesNotExistForDeceasedOrSpouse has “Y”}

Our records indicate that neither you nor {deceasedFirstName} participated in the NDPERS Long Term Care plan.

{x endblock}

{x when LTCAccountExistsForDeceasedAndSpouse has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS Long Term Care plan. The policy will be cancelled effective the end of the month the death occurred. You may elect portable coverage for yourself. This means that the same coverage you had under this plan can continue on a direct billing basis. Any election for portable coverage must be made within 31 days of the end of the month the death occurred. Please complete the UNUM Election To Continue Your Long Term Care Insurance Coverage form and mail to the address on the form. If you have any questions, please contact Unum at 1-800-227-4165.

{x endblock}

{x when LTCAccountExistsForSpouseOnly has “Y”}

You may elect portable coverage for yourself. This means that the same coverage you had under this plan can continue on a direct billing basis. Any election for portable coverage must be made within 31 days of the end of the month the death occurred. Please complete the UNUM Election To Continue Your Long Term Care Insurance Coverage form and mail to the address on the form. If you have any questions, please contact Unum at 1-800-227-4165.

{x endblock}

{x when LTCAccountExistsForDeceasedButNotSpouse has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS Long Term Care plan. The policy will be cancelled effective the end of the month the death occurred.

{x endblock}

**NDPERS DEFERRED COMPENSATION:**

{x when DefCompAccountExists has “Y”}

According to IRC Code Section 457 and the North Dakota Administrative Code, upon the death of a participant, funds in the account are payable to the participant’s designated beneficiary. Please contact {deceasedFirstName}’s Provider Company representative to initiate the distribution of funds.

{x endblock}

{x when DefCompAccountDoesNotExist has “Y”}

Our records indicate that {deceasedFirstName} did not participate in the NDPERS Deferred Compensation plan.

{x endblock}

**OTHER DEFERRED COMPENSATION (Other 457/403 (b)):**

{x when Other457/403(b)AccountExists has “Y”}

Our records indicate that {deceasedFirstName} participated in an Other 457/403(b) plan. Please contact {deceasedFirstName}’s Provider Company representative for account information.

{x endblock}

{x when Other457/403(b)AccountDoesNotExist has “Y”}

Our records indicate that {deceasedFirstName} did not participate in a 457/403(b) plan.

{x endblock}

Enclosed for your convenience in returning the documents is a self-addressed, stamped envelope. The figures provided in this letter are approximations and are subject to change.

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

Sincerely,

NDPERS Benefits Division

Enclosure – {x when RelationshipIsTrust has “Y”}

Statement of Beneficiary (Group Retirement Plan) SFN 51702

Beneficiary Income Tax Withholding Election SFN 59056

{x endblock}

{x when NonVestedDeathIfPersonIsBeneficiaryO**r**VestedDeathIfMultipleBeneficiaries has “Y”}

Special Tax Notice

{x when AccountRelationshipIsSpouse has “N”}

Statement of Beneficiary (Group Retirement Plan) SFN 51702

Beneficiary Income Tax Withholding Election SFN 59056

{x endblock}

{x when AccountRelationshipIsSpouse has “Y”}

Application for Surviving Spouse Benefit SFN 52254

{x endblock}

{x endblock}

{x when VestedIfOnlySpouseIsBeneficiary has “Y”}Special Tax Notice

Application for Surviving Spouse Benefit SFN 52254

Designation of Beneficiary SFN 2560

Withholding Allowance Election for Pension Payments SFN 51506

Authorization for Direct Deposit for Annuity Payments SFN 18379

{x endblock}

{x when DCBeneficiaryHasFamilyRelationshipOfSpouse has “Y”}

Distributions Options and Instructions for completing the Distribution Form Brochure

Statement of Beneficiary (Group Retirement Plan) SFN 51702

Withholding Allowance Election for Pension Payments SFN 51506

{x endblock}

{x when DCBeneficiaryHasFamilyRelationshipOfSpouse has “N”}

Distributions Options and Instructions for completing the Distribution Form Brochure

Statement of Beneficiary (Group Retirement Plan) SFN 51702

Withholding Allowance Election for Pension Payments SFN 51506

{x endblock}

{x when BeneficiaryIsUnder18yrsOfAge has “Y”}

Affidavit for Minor Beneficiary SFN 53744

Statement of Beneficiary (Group Retirement Plan) SFN 51702

Beneficiary Income Tax Withholding Election SFN 59056

{x endblock}

{x when IsSpouseOrDependentInHealth has “Y”}

{x when IsHealthVisible has “Y”}

{x when DeceasedHasHealthInsuranceIsNotVestedAndPersonIsAHealthPlanDependent has “Y”}

Continuation of Group Insurance Coverage (COBRA) SFN 14120

Authorization for Premium Deduction SFN 50134

{x endblock}

{x when VestedAndMarriedAndPersonIsHealthPlanDependent has “Y”}

Authorization for Automatic Premium Deduction SFN 50134

Continuation of Group Insurance Coverage (COBRA) SFN 14120

{x endblock}

{x when MemberNotOnHealthVestedAndFamilyRelationshipIsSpouse has “Y”}

Retiree Group Health Insurance Application SFN 16277

Authorization for Automatic Premium Deduction SFN 50134

{x endblock}

{x endblock}

{x endblock}

{x when IsSpouseOrDependentInDental has “Y”}

{x when IsDentalVisible has “Y”}

{x when DeceasedHasDentalInsuranceIsNotVestedAndPersonIsADentalPlanDependent has “Y”}

Continuation of Group Insurance Coverage (COBRA) SFN 14120

Authorization for Premium Deduction SFN 50134

{x endblock}

{x when VestedAndMarriedAndPersonIsADentalPlanDependent has “Y”}

Authorization for Automatic Premium Deduction SFN 50134

Continuation of Group Insurance Coverage (COBRA) SFN 14120

{x endblock}

{x when MemberNotOnDentalAndVestedAndFamilyRelationshipIsSpouse has “Y”}

Retiree Vision/Dental Insurance Enrollment/Change SFN 53504

Authorization for Automatic Premium Deduction SFN 50134

{x endblock}

{x endblock}

{x endblock}

{x when IsSpouseOrDependentInVision has “Y”}

{x when IsVisionVisible has “Y”}

{x when DeceasedHasVisionInsuranceAndIsNotVestedAndPersonIsVisionPlanDependent has “Y”}

Continuation of Group Insurance Coverage (COBRA) SFN 14120

Authorization for Premium Deduction SFN 50134

{x endblock}

{x when VestedAndMarriedAndPersonIsVisionPlanDependent has “Y”}

Authorization for Automatic Premium Deduction SFN 50134

Continuation of Group Insurance Coverage (COBRA) SFN 14120

{x endblock}

{x when MemberNotOnVisionAndVestedAndFamilyRelationshipIsSpouse has “Y”}

Retiree Vision/Dental Insurance Enrollment/Change SFN 53504

Authorization for Automatic Premium Deduction SFN 50134

{x endblock}

{x endblock}

{x endblock}

{x When PersonIsALifeInsuranceBeneficiary has “Y”}

Life Insurance Claim form

{x endblock}

Envelope

{x endblock}

{x when LTCAccountExistsForDeceasedAndSpouse has “Y”}

UNUM Election To Continue Your Long Term Care Insurance Coverage

{x endblock}