{stdlongdate} Member ID: {BeneID}

{BeneNameCAPS}

{BeneAdrStreet1}

{x BeneAdrStreet2}

{BeneAdrCity} {BeneAdrCorState} {BeneAdrCorZip}

**RE: NDPERS RETIREMENT ACCOUNT OF** **{deceasedNameCAPS} (DECEASED)** **{deceasedPERSLinkID}**

Dear { BeneName }:

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.

**{x when IsInsuranceOnly has “N” }**

**RETIREMENT ACCOUNT:**

{x when IsDeceasedRetiredDC has “Y” }

{deceasedFirstName} was receiving payments from the Public Employees Retirement System Defined Contribution Plan trust company, TIAA. {deceasedFirstName} named you as the beneficiary to this retirement account.

The account balance is payable in a single sum payment, installment payments or you may transfer the account to an account in your name. Enclosed you will find documents pertaining to TIAA and NDPERS. Please read the “Distributions Options and Instructions for completing the Distribution Form” before completing theTIAA-CREF Distribution form.

{x when IsBeneficiarySpouse has “Y”}

Please complete the TIAA-CREF Distribution form, along with the“Application For Surviving Spouse Benefits SFN 52254”and return both to the NDPERS office. NDPERS will authorize TIAA-CREF to distribute the account according to your chosen distribution option.

{x endblock}

{x when IsBeneficiarySpouse has “N”}

Please complete the TIAA-CREF Distribution form, along with the“Beneficiary Statement – Group Retirement Plan SFN 51702”and return both to the NDPERS office. NDPERS will authorize TIAA to distribute the account according to your chosen distribution option.

{x endblock}

{x endblock}

{x when IsSingOrStraighLifeACOD has “Y” }

You received a monthly benefit payment from the Retirement System under the {BenefitOptionName} retirement option. The benefit payment was payable to you for {deceasedFirstName}’s life, but cease upon death. I regret there are no future monthly benefits payable to you from NDPERS as outlined in the Qualified Domestic Relations Order.

{x endblock}

{x when IsTermCertainOptionACOD has “Y”}

You are receiving a retirement benefit from NDPERS under the {TermCertainOption} option. The Term Certain option provides that if the member should die before the end of the term period, you (the alternate payee) would receive the monthly benefit until the term expired. If the member should live longer than the term period chosen, the benefit payment to you would continue for the member's lifetime, but would cease upon the death of the member.

{x when IsTermCertainEndDatePastDate}

Based on the benefit begin date of {BenefitBeginDate}, the {TermCertainOption } period ended {TermCertainEndDate}.

I regret there is no death benefit payable from the retirement account.

{x endblock}

{x endblock}

{x when IsLifeTermALPD has “Y”}

{deceasedFirstName} received a monthly benefit payment from the Retirement System under the {BenefitOptionName} retirement option. The benefit payment was payable to {deceasedFirstName} however, there is no death benefit payable from the retirement account as outlined in the Qualified Domestic Relations Order.

{x endblock}

{x when IsLifeAPTermEndDatePastDate has “Y”}

{deceasedFirstName} was receiving a monthly benefit from NDPERS under the {TermCertainOption} option. The Term Certain option provides that if the receiving payee should die before the end of the term period, the beneficiary would receive the monthly benefit until the term expired. If the payee should live longer than the term period chosen, the benefit payment would continue for the payee’s lifetime, but would cease upon death. Based on {deceasedFirstName}’s benefit effective date of {BenefitBeginDate} the { TermCertainOption } period ended {TermCertainEndDate}. I regret there are no future monthly benefits payable to you from NDPERS as outlined in the Qualified Domestic Relations Order.

{x endblock}

{x when IsLifeAPTermEndDatePastDate has “N”}

{deceasedFirstName} was receiving a monthly benefit from NDPERS under the { TermCertainOption } option. The Term Certain option provides that if the receiving payee should die before the end of the term period, the beneficiary would receive the monthly benefit until the term expired. If the payee should live longer than the term period chosen, the benefit payment would continue for the payee’s lifetime, but would cease upon death. Based on {deceasedFirstName}’s benefit effective date of {BenefitBeginDate} the { TermCertainOption } period will end {TermCertainEndDate}.

As {deceasedFirstName}’s named beneficiary you will receive a monthly benefit payment of {MonthlyGrossPercentPaymentAmount } until the end of the term period. Please complete the enclosed “Beneficiary Statement – Group Retirement Plan SFN 51702”, which is used to verify your address and signature.

You may also have Federal and ND State income tax withheld from your beneficiary payment. The enclosed “W-4P” form allows you to indicate whether you wish to have any taxes deducted.

The Retirement System does require direct deposit of monthly annuity payments. Please complete the top half of the enclosed “Authorization for Direct Deposit of Annuity Payments SFN 18379” form, and have your bank complete the bottom half of the form.

{x endblock}

{x when IsRetrDisaTermEndDatePastDate has “Y”}

{deceasedFirstName} was receiving a {BenefitType} benefit from NDPERS under the {TermCertainOption } option. The Term Certain option provides that if the receiving member should die before the end of the term period, the beneficiary would receive the monthly benefit until the term expired. If the member should live longer than the term period chosen, the benefit payment would continue for the member’s lifetime, but would cease upon the death of the member. Based on {deceasedFirstName}’s retirement effective date of {BenefitBeginDate} the {TermCertainOption } period ended {TermCertainEndDate}. I regret there is no death benefit payable from the retirement account.

{x endblock}

{x when IsRetrDisaTermEndDatePastDate has “N”}

{deceasedFirstName} was receiving a {BenefitType} benefit from NDPERS under the {TermCertainOption } option. The Term Certain option provides that if the receiving member should die before the end of the term period, the beneficiary would receive the monthly benefit until the term expired. If the member should live longer than the term period chosen, the benefit payment would continue for the member’s lifetime, but would cease upon the death of the member. Based on {deceasedFirstName}’s retirement effective date of {BenefitBeginDate} the {TermCertainOption } period will end {TermCertainEndDate}.

As {deceasedFirstName}’s named beneficiary you will receive a monthly benefit payment of

{ MonthlyGrossPercentPaymentAmount } until the end of the term period. Please complete the enclosed “Beneficiary Statement – Group Retirement Plan SFN 51702”, which is used to verify your address and signature.

You may also have Federal and ND State income tax withheld from your beneficiary payment. The enclosed “W-4P” form allows you to indicate whether you wish to have any taxes deducted.

The Retirement System does require direct deposit of monthly annuity payments. Please complete the top half of the enclosed “Authorization for Direct Deposit of Annuity Payments SFN 18379” form, and have your bank complete the bottom half of the form.

Enclosed also is a “Designation Of Beneficiary For The Group Retirement Plan SFN 2560” form for the retirement plan. You will need to designate a beneficiary to any retirement funds remaining in this account in the event of your death.

{x endblock}

{x when IsRetrDisaSingleRemMGexists has “Y”}

At the time of retirement, {deceasedFirstName} chose to receive NDPERS {BenefitType} benefits under the {BenefitOptionName} option. Under this option, the member received a monthly benefit payment for as long as {deceasedFirstName} lived, with a guaranteed lump sum payment to the beneficiary(ies) of {MemberAccountBalance}. Life to date, {deceasedFirstName} has received a total of {LTDPaidAmount} in monthly benefit payments. Therefore, as a beneficiary, you are entitled to receive a lump sum payment of {RemainingMG}.

As a beneficiary, you have two payment options:

1. You may take a lump sum distribution of the {MonthlyBenefitPaymentAmount}.

Of this amount, {TaxableMonthlyBenefitPaymentAmount} is taxable and {NonTaxableMonthlyBenefitPaymentAmount } is non-taxable. Any non-taxable income reflects after-tax employee contributions.

{x when IsBeneficiarySpouse 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 { TaxableMonthlyBenefitPaymentAmount20Percent } for federal income tax. Please refer to the "Special Tax Notice Regarding Plan Payments" enclosed regarding the tax consequences for lump sum distributions.

{x endblock}

{x when IsBeneficiarySpouse has “N”}

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. If you choose, you can request that NDPERS withhold 20% of the taxable amount for federal income tax. Therefore, NDPERS would withhold approximately { TaxableMonthlyBenefitPaymentAmount10Percent } for federal income tax. Please refer to the "Special Tax Notice Regarding Plan Payments" enclosed regarding the tax consequences for lump sum distributions.

{x endblock}

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 an eligible IRA or employer plan that will accept the rollover.

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. Again, please refer to the "Special Tax Notice Regarding Plan Payments" regarding the rollover option.

{x when IsBeneficiarySpouse has “Y”}

Enclosed is an “Application For Surviving Spouse Benefits SFN 52254”. This 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.

For lump sum distribution, please complete the enclosed “Authorization for Direct Deposit for Refunds SFN 53802” form.

{x endblock}

{x when IsBeneficiarySpouse has “N”}

Enclosed is a “Beneficiary Statement – Group Retirement Plan SFN 51702”. Please complete and sign a section of this form and return it to our office.

For lump sum distribution, please complete the enclosed “Authorization for Direct Deposit for Refunds SFN 53802” form.

{x endblock}

{x endblock}

{x when IsRetrDisaSingleRemMGnotExistsOrJS has “Y” }

{deceasedFirstName} received a monthly benefit from NDPERS under the Single Life retirement option. The benefit payment was payable to {deceasedFirstName} for life with a guaranteed minimum benefit amount of at least {OriginalMinimumGuarantee}. Life to date, {deceasedFirstName} has received a total of {LTDPaidAmount} in monthly benefits. I regret there is no death benefit payable from the retirement account.

{x endblock}

{x when IsRetrDisaOrJSDisa has “Y” }

At the time of retirement, {deceasedFirstName} chose to receive {BenefitType} benefits under the {BenefitOptionName} option. This option provides that upon the death of the member, the spouse is eligible to receive an ongoing monthly payment. The gross monthly benefit payment you are eligible to receive is {GrossMonthlyBenefitPayment} per month, payable to you for your lifetime. It will be necessary for you to forward a photocopy of your **birth certificate and marriage certificate before the benefit payment can be made.**

{x endblock}

{x when IsRemainingMGExistsALPD has “Y” }

{deceasedFirstName} was receiving a spouse benefit from {MemberFirstName}’s retirement account. This benefit was payable for as long as {deceasedFirstName} lived with a guaranteed benefit payment to {deceasedFirstName} or on {deceasedFirstName}’s behalf of {GuaranteedBenefit}. Life to date, {deceasedFirstName} has received a total of {LTDPaidAmount} in monthly benefit payments. This leaves a balance of unpaid benefits in the amount of {RemainingMG}. Therefore, as the beneficiary, you will receive a lump sum payment in the amount of {MonthlyBenefitPaymentAmount}.

Please complete the enclosed “Beneficiary Statement – Group Retirement Plan SFN 51702”, which is used to verify your address and signature.

{x endblock}

{x when IsRemainingMGExistsALPD has “N”}

{deceasedFirstName} was receiving surviving spouse benefits from {MemberFirstName}’s retirement account. This benefit was payable for life. Benefit payments are issued the first of each for that month and cease the month following the death of the surviving spouse. I regret there is no death benefit payable from the retirement account.

{x endblock}

{x when IsFBEDTermCertainEndDatePastDate has “N” }

{deceasedFirstName} was receiving a beneficiary Term Certain benefit from {BenefitAccountOwnerName}’s retirement account. {deceasedFirstName} received a monthly benefit payment for the remainder of the Term selected by { BenefitAccountOwnerName }, with a guaranteed benefit payment in the amount of {LastPaymentAmount}. Life to date, {deceasedFirstName} has received a total of {LTDPaidAmount} in monthly benefit payments. This leaves a balance of unpaid benefits in the amount of {RemainingMG}. Therefore, as the beneficiary, you will receive a lump sum payment in the amount of {MonthlyBenefitPaymentAmount}.

Please complete the enclosed “Beneficiary Statement – Group Retirement Plan SFN 51702”, which is used to verify your address and signature.

{x endblock}

{x when IsFBEDTermCertainEndDatePastDate has “Y”}

{deceasedFirstName} was receiving a beneficiary Term Certain benefit from {BenefitAccountOwnerName }’s retirement account. This benefit was payable for the remainder of the Term selected by { BenefitAccountOwnerName }. Benefit payments are issued the first of each for that month and cease the month following the death of the beneficiary. I regret there is no death benefit payable from the retirement account.

{x endblock}

{x when IsPriorJudgeRetiree has “Y”}

Under the judicial retirement system, {deceasedFirstName}’s benefit payments are issued the first of each month for that month and cease the month following the death of the member. A one-time, prorated payment will be made for the days of the month remaining from the date of {deceasedFirstName}’s death. The prorated balance of {deceasedFirstName}s benefit for {LastPaymentDate} is {LastPaymentAmount}. This amount will be direct deposited into {deceasedFirstName}’s bank checking account. We regret that the benefit payment ceases upon the death of the member.

{x endblock}

{x when IsPriorServiceMemberDeath has “Y”}

{deceasedFirstName} received a monthly benefit payment from the Retirement System under the Prior Service Supplemental Retirement Plan. The benefit payment was payable for life. Benefit payments are issued the first of each for that month and cease the month following the death of the member. I regret there is no death benefit payable from the retirement account.

{x endblock}

{x when IsPriorJudgeRetiree has “N”}

Any benefit payment issued for months after the date of death will need to be returned before this file can be processed. If applicable, notice regarding the overpayment of benefits will be sent under separate cover.

{x endblock}

**{x endblock}**

**{x When IsACODandBeneSpouse has “Y”}**

**HEALTH INSURANCE:**

{x when IsNoHealthPlanEnrolledhas “Y”}

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

{x when IsBeneSpouseEligibleForHealth has “Y”}

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

{x when IsReducedRHICOption has “Y”}

You will receive the health insurance credit of {SpouseRHICAmount} for as long as you participate in the plan.{x endblock}

A single health insurance policy is {HealthPremiumAmountForSingleLOC } per month. Please complete the enclosed “Retiree Group Health Insurance Application” to enroll. If you prefer to have your monthly health insurance premium deducted from a bank account, please complete and return the enclosed “Authorization For Automatic Premium Deduction SFN 50134”.

**If you do not want to enroll in the NDPERS group health insurance plan,** please send the form back to us, marked accordingly in Part B.{x endblock}

{x when IsSpouseGreaterThan65 has “Y”}

Your spouse, {deceasedFirstName}, participated in the NDPERS group health insurance plan.

{x when IsReducedRHICOption has “Y”}

You will receive the health insurance credit of {SpouseRHICAmount} for as long as you participate in the plan.{x endblock}

A single health insurance policy is { HealthPremiumAmountForSingleLOC } per month. To continue this coverage, please complete the enclosed “Retiree Group Health Insurance Application SFN 16277” and return it to our office by { MembersDODPlus31Days }. If you do not respond by the date indicated, your medical coverage will be cancelled effective {EndDateofLatestEnrolledHealthHistoryRecord}.

**If you do not want to enroll in the NDPERS group insurance plan,** please send the“Retiree Group Health Insurance Application” back to us, marked accordingly in Part B by the date indicated.

{x when IsSpouseMedicareClaimNumberExists has “Y”}

If you want to cancel the NDPERS health insurance coverage, please complete the enclosed “Request To Cancel Retiree Insurance Coverage SFN 58269” and “Disenrollment For Medicare Part D” forms and return to our office by { MembersDODPlus31Days }. If you do not respond by the date indicated, in compliance with the Centers for Medicare and Medicaid Services (CMS), this letter will serve as your 21-day notice that your Medicare part D prescription coverage will be cancelled along with your medical coverage effective {EndDateofLatestEnrolledHealthHistoryRecord}.

{x endblock}

{x endblock}

{x when IsMemberinHealthandNoSpouse has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS group health plan. The policy will be cancelled effective { FirstofNextMonthToDOD }.

{x endblock}

{x when IsMemberinDCandSpouseLessthan65 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 installment payment option, you are eligible to enroll within 31 days of the first payment date and continue to participate as long as you pay monthly premiums to the plan.

{x when IsReducedRHICOption has “Y”}

You will receive the health insurance credit of {SpouseRHICAmount} for as long as you are receiving periodic payments.

{x endblock}

A single health insurance policy is { HealthPremiumAmountForSingleLOC } per month. Please complete the enclosed “Retiree Group Health Insurance Application” to enroll. If you prefer to have your monthly health insurance premium deducted from a bank account, please complete and return the enclosed “Authorization For Automatic Premium Deduction SFN 50134”.

**If you do not want to enroll in the NDPERS group health insurance plan,** please send the form back to us, marked accordingly in Part B.

{x endblock}

{x when IsMemberinMedicare has “Y”}

You are also eligible to enroll in the MedicareBlue RX PDP insurance plan. The premium amount is {PremiumAmountForSingleMedicareD} per month. Please complete the enclosed “MedicareBlue RX PDP Enrollment” form to enroll.

{x endblock}

{x when IsMemberNotinHealthandSpouseMorethan65 has “Y”}

If you are 65 or over, you have the option for group health insurance coverage under the NDPERS Dakota Retiree Plan, as a “carve-out” policy when used with Medicare. To be eligible for coverage under this plan you must have both Parts A and B of Medicare. Enclosed is a brochure that outlines the health and prescription coverage and premium. {when IsReducedRHICOption has “Y”}

You will receive the health insurance credit of {SpouseRHICAmount}, which will reduce the premium for as long as you participate in the plan.

{endblock}

To enroll in the NDPERS Dakota Retiree Plan (a Medicare carve out policy), including NDPERS prescription drug coverage, you must complete and return the enclosed “Retiree Group Health Insurance Application” and the “MedicareBlue RX PDP Enrollment” along with a photocopy of your Medicare ID Card.

If you elect this coverage, you will receive new identification cards for the Dakota Retiree Plan and the MedicareBlue Rx Plan, as well as a Certificate of Insurance handbook explaining the benefits

*If you are already enrolled in a Medicare Part D prescription drug plan, you will need to disenroll in that plan in order to enroll in the NDPERS group health and prescription drug insurance plan.*

**If you do not want to enroll in the NDPERS group health and drug insurance plan,** please send the “Retiree Group Health Insurance Application” back to us, marked accordingly in Part B.

{x endblock}

**DENTAL INSURANCE:**

{x when IsMemberinDental has “N”}

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

{x when isMemberinDentalandSpousenotDependent has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS group dental plan. The policy will be cancelled effective { FirstofNextMonthToDOD }.

{x endblock}

{x when IsMemberinDentalandSpouse has “Y”}

You are eligible to enroll in the NDPERS group dental insurance plan. A single dental insurance policy is {DentalPremiumAmountForSingleLOC} per month. Please complete the enclosed “Retiree Vision-Dental Insurance Enrollment-Change SFN 53504” to enroll. If you prefer to have your monthly vision insurance premium deducted from a bank account, please complete and return the enclosed “Authorization For Automatic Premium Deduction SFN 50134”.

**If you do not want to enroll in the NDPERS group dental insurance plan,** please send the form back to us, marked accordingly in Part E.

{x endblock}

{x when IsMemberinDCSpousewasBeneficiary 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 installment payment option, you are eligible to enroll within 31 days of the first payment date and continue to participate as long as you make premium payments to NDPERS.

A single dental insurance policy is {DentalPremiumAmountForSingleLOC} per month. Please complete the enclosed “Retiree Vision-Dental Insurance Enrollment-Change SFN 53504” to enroll. If you prefer to have your monthly dental insurance premium deducted from a bank account, please complete and return the enclosed “Authorization For Automatic Premium Deduction SFN 50134”.

**If you do not want to enroll in the NDPERS group dental insurance plan,** please send the form back to us, marked accordingly in Part E.

{x endblock}

**VISION INSURANCE:**

{x when IsMemberinVisiononDOD has “N”}

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

{x when IsMemberinVisionandSpousenotDependent has “Y”}

Our records indicate that {deceasedFirstName} participated in the NDPERS group vision plan. The policy will be cancelled effective {FirstofNextMonthToDOD}.

{x endblock}

{x when IsMemberinVisionandSpouse has “Y”}

You are eligible to enroll in the NDPERS group vision insurance plan. A single vision insurance policy is { VisionPremiumAmountForSingleLOC } per month. Please complete the enclosed “Retiree Vision-Dental Insurance Enrollment-Change SFN 53504” to enroll. If you prefer to have your monthly vision insurance premium deducted from a bank account, please complete and return the enclosed “Authorization For Automatic Premium Deduction SFN 50134”.

**If you do not want to enroll in the NDPERS group vision insurance plan,** please send the form back to us, marked accordingly in Part E.

{x endblock}

{x when IsMemberinDC 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 installment payment option, you are eligible to enroll within 31 days of the first payment date and continue to participate as long as you make premium payments to NDPERS.

A single vision insurance policy is {VisionPremiumAmountForSingleLOC} per month. Please complete the enclosed “Retiree Vision-Dental Insurance Enrollment-Change SFN 53504” to enroll. If you prefer to have your monthly vision insurance premium deducted from a bank account, please complete and return the enclosed “Authorization For Automatic Premium Deduction SFN 50134”.

**If you do not want to enroll in the NDPERS group vision insurance plan,** please send the form back to us, marked accordingly in Part E.

{x endblock}

**{x endblock}**

**{x when IsMemberinLifeandNotIBS has “Y”}**

**LIFE INSURANCE:**

{x when IsBeneInLife has “N”}

Life insurance beneficiaries will be contacted separately.

{x endblock}

{x when IsBeneInLife has “Y”}

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

Enclosed you will find a “Life Insurance Claim” form where you must complete the "*Beneficiary 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}

{x when IsAgeLessThan18 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 IsRelationshipEstateorTrust has “Y”}

Upon review of {deceasedFirstName}’s file we found that the {Relationship} 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}**

{x when IsLTCVisible has “Y”}

**LONG TERM CARE INSURANCE:**

{x endblock}

{x when IsMemberandSpouseNotinLTC has “Y”}

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

{x endblock}

{x when IsMemberandSpouseinLTC 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 IsSpouseinLTC 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 IsMemberaloneinLTC 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}

**{x when IsInsuranceOnly has “N” }**

**NDPERS DEFERRED COMPENSATION:**

{x when IsMemerinDefComp has “Y”}

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

{x endblock}

{x when IsMemerinDefComp has “N”}

Our records indicate that {deceasedFirstName} did not participate in the NDPERS deferred compensation plan.

{x endblock}

**{x endblock}**

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

Sincerely,

NDPERS Benefits Division

Enclosure –

{x when IsDeceasedRetiredDC has “Y” }TIAA-CREF Distribution Form

Application For Surviving Spouse Benefits SFN 52254

Beneficiary Statement – Group Retirement Plan SFN 51702{x endblock}

{x when IsRetrDisaSingleRemMGexists has “Y”}Application For Surviving Spouse Benefits SFN 52254

Beneficiary Statement – Group Retirement Plan SFN 51702

Beneficiary Income Tax Withholding Election SFN 59056

Authorization For Direct Deposit For Refunds SFN 53802{x endblock}

{x when IsLifeAPTermEndDatePastDate has “N”}Beneficiary Statement – Group Retirement Plan SFN 51702

Beneficiary Income Tax Withholding Election SFN 59056

Authorization For Direct Deposit Of Annuity Payments SFN 18379{x endblock}

{x when IsRetrDisaTermEndDatePastDate has “N”}Beneficiary Statement – Group Retirement Plan SFN 51702

Designation of Beneficiary For The Group Retirement Plan SFN 2560

Beneficiary Income Tax Withholding Election SFN 59056

Authorization For Direct Deposit Of Annuity Payments SFN 18379{x endblock}

{x when IsFBEDTermCertainEndDatePastDate has “N” }Beneficiary Statement – Group Retirement Plan SFN 51702

Beneficiary Income Tax Withholding Election SFN 59056

{x endblock}

{x when IsRemainingMGExistsALPD has “Y” }Beneficiary Statement – Group Retirement Plan SFN 51702

Beneficiary Income Tax Withholding Election SFN 59056{x endblock}

{x when IsNoHealthPlanEnrolledhas “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Group Health Insurance Application{x endblock}

{x when IsMemberinDCandSpouseLessthan65 has “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Group Health Insurance Application{x endblock}

{x when IsBeneSpouseEligibleForHealth has “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Group Health Insurance Application{x endblock}

{x when IsMemberinHealthandNoSpouse has “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Group Health Insurance Application SFN 16277{x endblock}

{x when IsMemberinDentalandSpouse has “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Vision-Dental Insurance Enrollment-Change SFN 53504{x endblock}

{x when IsMemberinDC has “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Vision-Dental Insurance Enrollment-Change SFN 53504{x endblock}

{x when IsMemberinVisionandSpouse has “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Vision-Dental Insurance Enrollment-Change SFN 53504{x endblock}

{x when IsMemberinDCSpousewasBeneficiary has “Y”}Authorization For Automatic Premium Deduction SFN 50134

Retiree Vision-Dental Insurance Enrollment-Change SFN 53504{x endblock}

{x when IsMemberNotinHealthandSpouseMorethan65 has “Y”}Retiree Group Health Insurance with Medicare Application SFN 59562

MedicareBlue RX PDP Enrollment{x endblock}

{x when IsSpouseGreaterThan65 has “Y”} Retiree Group Health Insurance with Medicare Application SFN 59562

Request To Cancel Retiree Insurance Coverage SFN 58269

Disenrollment For Medicare Part D{x endblock}

{x when IsMemberinMedicare has “Y”} Retiree Group Health Insurance with Medicare Application SFN 59562

MedicareBlue RX PDP Enrollment{x endblock}

{x when IsBeneInLife has “Y”} Life Insurance Claim form{x endblock}

{x when IsMemberandSpouseinLTC has “Y”}Unum Election To Continue Your Long Term Care Insurance Coverage{x endblock}