{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: LONG TERM CARE NOTICE OF DENIAL**

Dear {stdOCSalutation}:

This is to inform you that {LTCPlanCarrierName} has denied the application for Long Term Care Insurance coverage effective {qu EffectiveDate} for:

{qu MbrFullName}

{qu MbrSpouse}

A copy of this notice has been provided to the employee. Please retain this copy for your records.

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

Sincerely,

NDPERS Benefits Division

c: {stdMbrSalutation}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}