{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: DENIAL OF ADDITIONAL LIFE INSURANCE COVERAGE**

Dear {stdMbrSalutation}:

This is to inform you that {qu CarrierName} has {qu DeclinedOrClosed} the application requesting additional coverage for the following individual:

{stdMbrFullName}

**Additional information has been sent to the member by** **{qu CarrierName}.**

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

Sincerely,

NDPERS Benefits Division