{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: GROUP HEALTH INSURANCE**

Dear {stdMbrSalutation}:

NDPERS has received your Group Health Insurance Application. Your health insurance will be effective {EnrolledStartDate}. Your Certificate of Insurance and Health Identification card will be mailed directly to you after {EnrolledStartDate}. You have asked to participate in the {LevelOfCoverageDescription} level of health coverage.

{x if IsEnrolledInMedicare = true}

You will receive your Part D prescription drug plan card(s) from Humana in the mail. This will be the policy number you will use for any medication(s) filled on and after {EnrolledStartDate}.

{x endif}

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

Sincerely,

NDPERS Benefits Division