{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

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

Dear {stdOCSalutation}:

This is to inform you that {LifeInsuranceProvider} has approved the additional coverage for **{stdMbrFullName}** effective **{qu EffectiveDate}**:

The additional supplemental amounts that were approved are as follows:

|  |  |  |
| --- | --- | --- |
| **Level of Coverage** | **New Coverage Amount (Total)** | **New Premium** |
| Basic | {qu CoverageAmt1} | {qu premium1} |
| Supplemental | {qu CoverageAmt2} | {qu premium2} |
| Dependent Supplemental | {qu CoverageAmt3} | {qu premium3} |
| Spouse Supplemental | {qu CoverageAmt4} | {qu premium4} |

Please set up a payroll deduction for the new premium total amount.

If payroll adjustments have already been made, please have the employee write a personal check to NDPERS for the amount due and submit it with your monthly group insurance billing.

Thank you for your prompt attention to this matter.

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

Sincerely,

NDPERS Benefits Division