{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: COBRA Extension due to Disability**

Dear {stdMbrSalutation}:

Our office has received the copy of the Social Security Administration Notice of Award indicating you were found disabled, under their determination rules effective {qu SSAAwardDate}.

{x quwhen Option has “0”}

Upon review of the documentation, our office has determined that you are eligible for an 11-month extension on your COBRA policy. Your COBRA coverage has been extended until {qu COBRAExtensionDate}.

Please beware that when you become eligible for Medicare, you must contact NDPERS immediately. Our health insurance subscribers MUST have both Parts A and B of Medicare to remain eligible for our health plan. Therefore, to remain on our plan, you should not defer Part B of Medicare when you become eligible for it. You also must be and be receiving a monthly benefit or periodic payment from an eligible retirement plan to continue NDPERS coverage. If you are not receiving a monthly benefit or periodic payment from an eligible retirement plan, your NDPERS COBRA coverage will end upon eligibility for Medicare.

{x endblock}

{x quwhen Option has “1”}

Upon review of the documentation, our office has determined that your request for the 11-month COBRA extension is denied for the following reason(s)

{x quwhen Item has “0”}

* The date of Social Security Disability must be before your COBRA coverage begins or within the first 60 days of COBRA coverage. Your Social Security Administration Disability was awarded {qu SSAAwardDate}. Your COBRA began {qu COBRAStartDate}, which is not within the required time period.

{x endblock}

{x quwhen Item has “1”}

* The Social Security Disability Certification must be received before the original 18-month COBRA continuation is exhausted.

{x endblock}

{x quwhen Item has “2”}

* The notice of Social Security Disability Certification must be given to NDPERS within 60 days of receipt. The Social Security Disability Certification was issued to you {qu SSAAwardDate} and was not received by NDPERS until {qu RequestReceivedDate}, which is not within the required time period.

{x endblock}

{x endblock}

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

Sincerely,

NDPERS Benefits Division