{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: LONG TERM CARE INSURANCE PLAN**

Dear {stdMbrSalutation}:

Please find the attached notice from {LTCPlanCarrierName} regarding approval of Long Term Care Insurance for {qu MemberOrSpouse}.

Based upon your approval, NDPERS will begin deducting the required premium for the coverage from your paycheck. A copy of this letter has been provided to your payroll office for your payroll file.

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

Sincerely,

NDPERS Benefits Division