{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: Continuation of Coverage in a Medical Spending Account (COBRA)**

Dear {stdMbrSalutation}:

You have elected to continue your participation in the NDPERS Health Flexible Spending Account to the end of the current plan year.

To continue your coverage your contribution amount will be ${qu PremiumAmount} per month beginning {qu PremiumEffectiveDate}.

Please submit your contribution by the first of the month by check or money order made payable to NDPERS. Please indicate on the check that it is for Flex Comp and include your NDPERS Member ID. You will not receive a monthly bill.

If you fail to pay the contribution on time, your coverage will terminate on the last day of the month for which a contribution was received.

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

Sincerely,

NDPERS Benefits Division