{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: JOINT & SURVIVOR RETIREMENT BENEFITS**

Dear {stdMbrSalutation}:

**RETIREMENT ACCOUNT:**

{x quwhen JandSOption has 0}

We were so very sorry to hear of the death of your spouse and wish to extend our sincere sympathy to you and your family.

At the time of your retirement, you chose to have your benefits paid under the {benefitoption} retirement option. This option provides that, upon the death of your spouse and receipt of a certificate of death, your benefit amount would be adjusted back to your Single Life benefit amount.

Your Single Life benefit amount at the time of your retirement was ${qu singlelifamount}. All successive benefit increases granted by the ND Legislature since {retirementdate} have been applied to this amount. Your new monthly benefit amount will be ${qu singlelifamount}. Before the benefit can be adjusted, it will be necessary for you to forward a certified copy of your spouses’ “*Certificate of Death”* for our records. A certified copy has the raised seal of the local registrar of vital records. If the document can be returned to our office by {10dayspriornextbenefitpayment}, the benefit will be adjusted for your {nextbenefitpayment} payment. The Certificate of Death will be returned upon final processing of the account.

{endblock}{x quwhen JandSOption has 1}

NDPERS was recently notified of change to your marital status. At the time of your retirement, you chose to have your benefits paid under the {benefitoption} Joint & Survivor retirement option. This option provides that in the event of a divorce, your monthly benefit will be adjusted back to your Single Life amount.

Your Single Life benefit amount at the time of your retirement was ${qu singlelifamount}. All successive benefit increases granted by the ND Legislature since {retirementdate} have been applied to this amount. Your new monthly benefit amount will be ${qu singlelifamount}.

Upon receipt of a copy of the divorce decree, your monthly benefit will be adjusted back to your Single Life amount. If the document can be returned to our office by {10dayspriornextbenefitpayment}, the benefit will be adjusted for your {nextbenefitpayment} payment.

{ endblock}{x if NoTax = “Y”}

**TAX WITHHOLDING:**

The change in your marital status may automatically adjust your monthly income tax withholding. The enclosed **Withholding Allowance Election SFN 51506** allows you to adjust your income tax withholding election.

{x endblock}

{x if SpouseBeneficiary = “Y”}

**RETIREMENT DESIGNATION OF BENEFICIARY:**

You have named your spouse as the beneficiary and this will now need to be changed to a new designation. Enclosed also is a **Designation of Beneficiary SFN 2560** for the retirement plan. You will need to designate a beneficiary to any retirement funds remaining in this account in the event of your death.

{x endblock}

{x when JandSRHICoption = “Y”}

**RETIREE HEALTH INSURANCE CREDIT:**

{x quwhen JandSOption has 0}

We were so very sorry to hear of the death of your spouse and wish to extend our sincere sympathy to you and your family.

At the time of your retirement, you chose to have your RHICH benefits paid under the {RHICoption} Joint & Survivor retirement option. This option provides that, upon the death of your spouse and receipt of a certificate of death, your benefit amount would be adjusted back to your Standard Benefit amount.

Your Standard Benefit amount at the time of your retirement was ${qu StandardRHIC}. All successive benefit increases granted by the ND Legislature since {retirementdate} have been applied to this amount. Your new Standard Benefit amount will be ${qu StandardRHIC}.

Before the benefit can be adjusted, it will be necessary for you to forward a certified copy of your spouses’ “*Certificate of Death”* for our records. A certified copy has the raised seal of the local registrar of vital records. If the document can be returned to our office by {10dayspriornextbenefitpayment}, the benefit will be adjusted for your {nextbenefitpayment} payment. The Certificate of Death will be returned upon final processing of the account.

{ endblock}{x quwhen JandSOption has 1}

NDPERS was recently notified of change to your marital status. At the time of your retirement, you chose to have your benefits paid under the {RHICoption} Joint & Survivor retirement option. This option provides that in the event of a divorce, your monthly benefit will be adjusted back to your Standard Benefit amount.

Your Standard Benefit amount at the time of your retirement was ${qu StandardRHIC}. All successive benefit increases granted by the ND Legislature since {retirementdate} have been applied to this amount. Your new Standard Benefit amount will be ${qu StandardRHIC}.

Upon receipt of a copy of the divorce decree, your monthly benefit will be adjusted back to your Standard Benefit amount. If the document can be returned to our office by {10dayspriornextbenefitpayment}, the benefit will be adjusted for your {nextbenefitpayment} payment.

{ endblock}{x if spouseisadependentonhealthinsurance = “Y”}

**HEALTH INSURANCE:**

As your spouse was a covered dependent on your health insurance policy, you will need to complete the enclosed **Retiree Group Health Insurance Application SFN 16277**; your health insurance coverage will be changed from family to single coverage. Your health insurance premium will be ${HealthPremiumAmount}. Your health insurance credit of ${RHICBenefitAmount} will reduce your premium to ${NetAmount} per month.

{x endblock}

{x if spousebeneficiaryforgrouplife = “Y”}

**GROUP LIFE DESIGNATION OF BENEFICIARY:**

Your spouse is name as beneficiary to your life insurance policy; you will need to complete a new designation of beneficiary. Enclosed is a **Life Insurance Designation of Beneficiary Change SFN 53855** to update your designation.

{x endblock}

{x if spousedeathandmemberhasdependentandspousesupplemental = “Y”}

**LIFE INSURANCE CLAIM:**

As you may know, your spouse was covered under your dependent supplemental coverage in the amount of ${dependentsupplementalcoverageamount} and spouse supplement in the amount of ${spousesupplementalcoverageamount}. NDPERS will file a claim on your behalf with The Prudential Life Insurance Company of America; enclosed is a **Prudential Life Insurance Claim Form** for this purpose.

The “Employer's Statement” and “Employer Certification” sections will be completed by NDPERS. You need to complete the “Statement of Beneficiary” section in its entirety and return it to our office. NDPERS will file it with The Prudential Life Insurance Company of America. You should receive a check within two to three weeks from the date of filing.

We also need one certified copy of the ***Certificate of*** ***Death*** for processing the life insurance. A certified copy has the raised seal of the local registrar of vital records.

{x endblock}

{x when spouseisdependentondentalinsurance = ”Y”}

**DENTAL INSURANCE:**

As your spouse was a covered dependent on your dental insurance policy, you will need to complete the enclosed **Retiree Vision/Dental Insurance Enrollment/Change SFN 53504**; your dental insurance coverage will be changed from family to single coverage. Your dental insurance premium will be ${dentalAmount}.

{x endblock}

{x when spouseisdependentonvisioninsurance = “Y”}

**VISION INSURANCE:**

As your spouse was a covered dependent on your vision insurance policy, you will need to complete the enclosed **Retiree Vision/Dental Insurance Enrollment/Change SFN 53504**; your vision insurance coverage will be changed from family to single coverage. Your vision insurance premium will be ${VisionAmount}.

{x endblock}

{x when spouseisenrolledinlongtermcare = “Y”}

**LONG TERM CARE:**

Our records indicate that your spouse participated in the NDPERS Long Term Care plan. The policy will be cancelled effective the end of the month the death occurred.

{x endblock}

{x when assetswithprovider = ”Y”}

**DEFERRED COMPENSATION:**

If you have your spouse named as a primary beneficiary to your deferred compensation account with {providername}, you will need to contact the company to change your designation of beneficiary.

{x endblock}

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

Sincerely,

NDPERS Benefits Division