{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DISABILITY RECERTIFICATION – CASE #** **{ CaseID }**

Dear {stdMbrSalutation}:

This is to confirm that your portion of your disability recertification is complete as of { qu DisabilityRecertificationFormReceivedDate }. Your file was sent to the NDPERS’ disability consultant on { qu MedicalConsultantDate }. Our consultant has until {qu ConsultantFormReturnDate } to review your file and confirm if your disability continues. You will be notified when the process is complete.

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

Sincerely,

NDPERS Benefits Division