{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DISABILITY RECERTIFICATION** {when NotificationIdentifier has “2” }**2nd NOTICE**{endblock}{when NotificationIdentifier has “3”}**3rd & FINAL NOTICE**{endblock} **– CASE #** **{CaseID}**

Dear {stdMbrSalutation}:

{x when IsDisability has “Y” }

The NDPERS Administrative Code Section 71-02-05-06 provides that a disabled annuitant's eligibility for disability retirement benefits be recertified 18 months after the date of the first disability benefit payment, and thereafter as specified by the NDPERS medical consultant.

{x when NotificationIdentifier has “3”}

**Your benefits will be suspended if the following paperwork is not returned.**

{x endblock}

{x when NotificationIdentifier has “1”}

Enclosed are the “Application for Recertification of Disability Retirement Benefits SFN 50149” and the “Disability Retirement Attending Physician's Statement of Disability SFN 54399”. You must complete both sides of the Application for Recertification and Part 1 of the Physician's Statement. Your primary care physician should complete remainder of the Physician's Statement.

{x endblock}

{x when IsSecondorFinalNotification has “Y” }

We previously sent you the “Application for Recertification of Disability Benefits SFN 50149”, and the “Recertification of Long Term Disability Attending Physician's Statement of Disability SFN 54399”. You must complete both sides of the Application for Recertification and Part 1 of the Physician's Statement. Your primary care physician should complete the remainder of the Physician's Statement.

{x endblock}

**ALL COMPLETED FORMS ARE TO BE RETURNED TO THE NDPERS OFFICE BY**

**{ Earlier60DaystoRecertificationDate }. *If you are receiving Social Security Disability benefits form SSA, please provide the Awards letter from them showing you are receiving Disability benefits and then you do not need to have your physician complete the Disability Retirement Attending Physician's Statement of Disability SFN 54399. You will only need to provide the Awards letter and the Application for Recertification of Disability Retirement Benefits SFN 50149.***

It is your responsibility to ensure the physician's statement is completed and returned before the date requested.

**If the recertification process has not been completed by** **{ RecertificationDate}, retirement and retiree health insurance credit monthly benefits will be suspended on that date. If you participate in any NDPERS group insurance plans, your premium payment(s) must be setup by withdraw from your bank account in order to keep your insurance coverage. If paying by personal check, payment is due by the first of the month for that month. Retirement and retiree health insurance credit benefits will be reinstated upon receiving notice from the medical consultant that you continue to meet disability program criteria.**

Your assistance in providing the completed recertification forms by the requested date is appreciated. This allows the NDPERS medical consultant 30 - 60 days to determine recertification. You will be notified of the decision in writing.

If you return to employment or have a change in employment, you must notify the NDPERS office, in writing.

NDPERS is required to monitor a disability annuitant’s return to substantial gainful activity. Substantial gainful activity is a factor in determining a members’ eligibility for long-term disability benefits. The North Dakota Administrative Code Chapter 71-02-01 defines the following:

“Permanent and total disability” means the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve months.

“Substantial gainful activity” is to be based upon the totality of the circumstances including consideration of an individual’s training, education, and experience; an individual’s potential for earning at least seventy percent of the individual’s pre-disability earnings; and other items deemed significant on a case by-case basis. Eligibility is based on an individual’s employability and not actual employment status.

{x endblock}

{x when IsDisability has “N” }

Your eligibility for NDPERS long-term disability retirement benefits was based on proof of your disability award from the Social Security Administration. The NDPERS Administrative Code Section 71-02-05-06 provides that a disabled annuitant’s eligibility for long-term disability retirement benefits be recertified.

To determine if you continue to be eligible for NDPERS long-term disability retirement benefits, your Social Security award must be recertified. Your benefits will be recertified every 18 months until you reach age 65.

Please contact your local Social Security Administration office and request a verification of your social security award. Once received, please forward this to NDPERS in the enclosed envelope as soon as possible. If the recertification process has not been completed by **{ RecertificationDate}**, benefits will be suspended effective the first of the month following that date until the verification of your social security award is received.

If you are no longer receiving Social Security disability benefits, please notify this office immediately. Your NDPERS eligibility will need to be recertified by the NDPERS medical consultant and additional forms will be mailed to you.

{x endblock}

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

Sincerely,

NDPERS Benefits Division

Enclosure(s) – Certified Letter Number

{x when IsDisability has “Y” }

Application for Recertification of Disability Benefits SFN 50149

{x endblock}

Attending Physician's Statement of Disability SFN 54399

{x when IsSecondorFinalNotification has “Y” }

Copies of Previous Letters

{x endblock}

{x when IsDisability has “N” }

Postage paid envelope

{x endblock}

{x if IsDisability = "Y"}

{tmp SFN-50149}

{x endif}

{tmp SFN-54399}