{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

{x stdMbrAdrForeignProvince}

{x stdMbrAdrForeignPostalCode}

{x if ForeignCountry is true}

{stdMbrAdrForeignCountryDesc}

{x endblock}

**{x if LetterTypeRHIC is false}**

**RE: INSURANCE PREMIUM CHANGE NOTIFICATION**

**{x endblock}**

**{x if LetterTypeRHIC is true}**

**RE: RETIREE HEALTH INSURANCE CREDIT INCREASE**

**{x endblock}**

Dear {stdMbrSalutation}:

{x if RHICBenefitIncrease is true}

NDPERS is pleased to notify you that legislation has been enacted which provides an increase in the Retiree Health Insurance Credit (RHIC) amount that you are eligible to receive. This benefit is based upon your years and months of service credit. Remember there would be a reduction in your RHIC if you took an early retirement. Effective **{EffectiveDate}**, it will be increased from {CurrentRHICFactor} to {NewRHICFactor} for each year of service credit applied toward your monthly NDPERS health insurance premium.

{x endblock}

{x if RHICBenefitIncrease is false}

Effective **{EffectiveDate}**, one or more of your monthly premium rates for the NDPERS insurance plans will change. **No action is required by you.** Your current premium and your new premium are listed below. Premiums are listed for all plans you are currently enrolled in regardless of premium changes.

{x if IsInsuranceExceptLifeEnrolled is true}

|  |  |  |
| --- | --- | --- |
| **Plan** | **Current Monthly Premium** | **New Monthly Premium** |
| {tb tblMemberInsExcLifeDtl} |  |  |

{x endblock}

{x if IsLifeEnrolled is true}

|  |  |  |  |
| --- | --- | --- | --- |
| **Life Insurance** | **Coverage Amount** | **Current Monthly Premium** | **New Monthly Premium** |
| {tb tblMemberInsLifeDtl} |  |  |  |

{x endblock}

{x if RHICApplied is true}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monthly Retiree Health Insurance Credit (RHIC): |  | {TotalRHIC} |  |  |

Your monthly insurance premium(s) paid to NDPERS are submitted to ASIFlex on your behalf for monthly RHIC reimbursement.  If your premium(s) are less than your RHIC or you have eligible premiums for a non-NDPERS health and/or prescription drug insurance, you may submit additional eligible claims to ASIFlex to receive your full RHIC reimbursement.  If your RHIC is less than your premium(s), you do not need to take any action.

{x endblock}

{x endblock}

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