{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: Change in Marital Status/Designation of Beneficiary for**

**{ stdMbrFullName } for** **{qu PLAN} PLAN**

Dear {stdMbrSalutation}:

We have been notified of a change in your marital status. To update your marital status, please complete and return the enclosed Notice of Change SFN 10766. Due to this change, it is recommended that you update your current beneficiary designations, if necessary. Your current beneficiary(ies) are:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **BENEFICIARY TYPE** | **BENEFIT TYPE** | **DIST %** |
| {tb tblBeneficiaryDetails} |  |  |  |

{x quwhen IncompleteInformation is “0”}

Please complete and return the enclosed Designation of Beneficiary for the Group Retirement Plan SFN 2560 at your earliest convenience. If you have recently completed and sent this form, please disregard this letter.

{x endblock}

{x quwhen IncompleteInformation is “1”}

Please complete the enclosed Life Insurance Enrollment/Change SFN 53611 to remove the supplemental life insurance on your spouse and update your designated beneficiary. Please note that basic dependent life insurance includes your spouse and dependents. If you no longer have eligible dependents, you must also cancel this coverage.

Please return the completed form to your Payroll/Personnel office, so they can adjust your payroll records.

{x endblock}

{x quwhen IncompleteInformation is “2”}

Please complete and return the enclosed Life Insurance Designation of Beneficiary Change SFN 53855 at your earliest convenience. If you have recently completed and sent this form, please disregard the letter.

{x endblock}

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

Sincerely,

NDPERS Benefits Division

Enclosure – Notice of Change SFN 10766

{x quwhen IncompleteInformation is “0”}

Designation of Beneficiary for the Group Retirement Plan SFN 2560

{x endblock}

{x quwhen IncompleteInformation is “1”}

Life Insurance Enrollment/Change SFN 53611

{x endblock}

{x quwhen IncompleteInformation is “2”}

Life Insurance Designation of Beneficiary Change SFN 53855

{x endblock}

{tmp SFN-10766}

{quif IncompleteInformation is 0}

{tmp SFN-02560}

{endif}

{quif IncompleteInformation is 1}

{tmp SFN-53611}

{endif}

{quif IncompleteInformation is 2}

{tmp SFN-53855}

{endif}