{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE:** **{PLANNAME} INSURANCE CONTRACT(S)**

Dear {stdMbrSalutation}:

NDPERS has received your election to participate in the {PlanName} plan. Your coverage will not be set up until your first payment is received for all premiums due. Your payment must be received within the next 45 days. The monthly premium is {qu PremiumAmount}. This will be your only notice.

If NDPERS does not receive your premium payment by {PremiumDueDate}, your application will be voided and you will have forfeited your right for continuation of coverage.

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

Sincerely,

NDPERS Benefits Division