{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: COBRA CONTINUATION**

Dear {stdMbrSalutation}:

{x quwhen PremiumPayment has 0}

Please find the enclosed NDPERS Dependent Continuation of Group Coverage (COBRA) SFN 53883 form that needs to be completed for {qu DependentName} to continue coverage under the {ApplicablePlanName} insurance plan. {qu DependentName}, who is {qu QualifyingEvent}, will be able to continue coverage with NDPERS for up to 36 months if monthly premiums are paid and if {qu DependentName} does not become eligible for Medicare. In order for coverage to be effective, {qu DependentName} needs to complete and return, as soon as possible, the enclosed application and a check made out to NDPERS for the {qu EffectiveMonth} premium. {qu DependentName} has 60 days from the date that {qu DependentGender} loses eligibility to determine if {qu DependentGender} wants COBRA continuation, however, there cannot be a lapse in coverage. The application should be sent to NDPERS in the enclosed self-addressed stamped envelope.

The current premium for a {qu LevelOfCoverageRequested} COBRA policy is ${PremiumAmount} per month. As we discussed, NDPERS will not be able to process the application for coverage unless a check is included for the {qu EffectiveMonth} premium. If {qu DependentName} wishes to cancel this coverage at any time during the 36 months, such notice must be received by NDPERS in writing 15 days prior to cancellation of coverage.

{endblock}

{x quwhen PremiumPayment has 1}

Please find the enclosed NDPERS Dependent Continuation of Group Coverage (COBRA) form that needs to be completed for {qu DependentName} to continue coverage under the {ApplicablePlanName}. {qu DependentName}, who is {qu QualifyingEvent}, will be able to continue coverage with NDPERS for up to 36 months if monthly premiums are paid and if {qu DependentName} does not become eligible for Medicare. In order for coverage to be effective, {qu DependentName} needs to complete and return, as soon as possible, the enclosed application. {qu DependentName} has 60 days from the date that {qu DependentGender} loses eligibility to determine if {qu DependentGender} wants COBRA continuation, however, there cannot be a lapse in coverage. The application should be sent to NDPERS in the enclosed self-addressed stamped envelope.

The current premium for a {qu LevelOfCoverageRequested} COBRA policy is ${PremiumAmount} per month. If {qu DependentName} wishes to cancel this coverage at any time during the 36 months, such notice must be received by NDPERS in writing 15 days prior to cancellation of coverage.

{endblock}

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

Sincerely,

NDPERS Benefits Division

Enclosure – NDPERS Dependent Continuation of Group Coverage (COBRA) SFN 53883