{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: Flexcomp COBRA Medical Account**

Dear {stdMbrSalutation}:

NDPERS has received your election to continue your participation in the Flex Medical Spending reimbursement account through the end of the plan year on December 31,{CurrentYear} , by prepaying the premium with pre-tax dollars and if terminating employment on {qu EmploymentEndDate}.  A one-time pre-tax deduction of {qu DeductionAmount} will be withheld from your last payroll paycheck.

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

Sincerely,

NDPERS Benefits Division