{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: INCOMPLETE FORM**

Dear {stdMbrSalutation}:

The enclosed document(s):

{x quwhen formtype has 0}

* Notice of Change SFN-10766

{x endblock}

{x quwhen formtype has 1}

* IBS SFN-16789

{x endblock}

{x quwhen formtype has 2}

* Designation of Beneficiary for Group Retirement Plan SFN-2560

{x endblock}

{x quwhen formtype has “3”}

* Notice of Transfer SFN 53706

{x endblock}

{x quwhen formtype has “4”}

* Life Insurance Designation of Beneficiary Change SFN-53855

{x endblock}

{x quwhen formtype has “6”}

* Statement of Beneficiary SFN 51702

{x endblock}

{x quwhen formtype has “7”}

* Application for Surviving Spouse SFN 52254

{x endblock}

{x quwhen formtype has “8”}

* Direct Deposit SFN 18379

{x endblock}

{x quwhen formtype has “9”}

* Withholding Allowance Election SFN 51506

{x endblock}

{x quwhen formtype has “5”}

* {x endblock}

Is/are being returned for the following reason(s):

{x quwhen formincompletesection has “0”}

* Need NDPERS Member ID

{x endblock}

{x quwhen formincompletesection has “1”}

* Need NDPERS Organization ID

{x endblock}

{x quwhen formincompletesection has “2”}

* Need member’s signature and date

{x endblock}

{x quwhen formincompletesection has “3”}

* Need member’s date of birth.

{x endblock}

{x quwhen formincompletesection has “4”}

* Please complete {qu sectionname} section

{x endblock}

Please complete and return the forms by {qu returnduedate}.

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

Sincerely,

NDPERS Benefits Division

Enclosure(s)

{x quwhen formtype has “0”}

Notice of Change SFN-10766

{x endblock}

{x quwhen formtype has “1”}

IBS SFN-16789

{x endblock}

{x quwhen formtype has “2”}

Designation of Beneficiary for Group Retirement Plan SFN-2560

{x endblock}

{x quwhen formtype has “3”}

Notice of Transfer SFN 53706

{x endblock}

{x quwhen formtype has “4”}

Life Insurance Designation of Beneficiary Change SFN-53855

{x endblock}

{x quwhen formtype has “6”}

Statement of Beneficiary SFN-51702

{x endblock}

{x quwhen formtype has “7”}

Application for Surviving Spouse SFN 52254

{x endblock}

{x quwhen formtype has “8”}

Direct Deposit SFN 18379

{x endblock}

{x quwhen formtype has “9”}

Withholding Allowance Election SFN 51506

{x endblock}

{x quwhen formtype has “5”}

Continuation of Group Insurance Coverage SFN-14120

{x endblock}

{quif formtype in 0}

{tmp SFN-10766}

{endif}

{quif formtype in 1}

{tmp SFN-16789}

{endif}

{quif formtype in 2}

{tmp SFN-02560}

{endif}

{quif formtype in 3}

{tmp SFN-53706}

{endif}

{quif formtype in 4}

{tmp SFN-53855}

{endif}

{quif formtype in 6}

{tmp SFN-51702}

{endif}

{quif formtype in 7}

{tmp SFN-52254}

{endif}

{quif formtype in 8}

{tmp SFN-18379}

{endif}

{quif formtype in 9}

{tmp SFN-51506}

{endif}

{quif formtype in 5}

{tmp SFN-14120}

{endif}