{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: APPLICATION FOR BENEFITS**

Dear {stdMbrSalutation}:

According to our records, we are missing information necessary to process your application for {BenefitType}. To avoid a delay of in the setup of your retirement benefits, NDPERS **must receive** your retirement application and related paperwork at least 30 days prior to your first benefit payment. Please send us the following information no later than {qu FormReturnDate}:

{x quwhen InformationNeeded has 0}

• Your employer must complete a termination of employment through their NDPERS Employer Self Service Portal (PERSLink) or if your employer is a State Agency through the PeopleSoft payroll system

{endblock}{x quwhen InformationNeeded has 1}

• Birth Certificate – 1032

{endblock}{x quwhen InformationNeeded has 2}

• Beneficiary Birth Certificate – 1247

{endblock}{x quwhen InformationNeeded has 3}

• Marriage Certificate – 1043

{endblock}{x quwhen InformationNeeded has 4}

• Conversion of Unused Sick Leave Application – Defined Benefit – SFN-58358

{endblock}{x quwhen InformationNeeded has 5}

• Designation of Beneficiary for the Group Retirement Plan – SFN-2560

{endblock}{x quwhen InformationNeeded has 6}

• Authorization for Direct Deposit for Annuity Payments – SFN-18379

{endblock}{x quwhen InformationNeeded has 7}

• Withholding Allowance Election for Pension Payments – SFN-51506

{endblock}{x quwhen InformationNeeded has 8}

• Retirement Benefit Calculation Election for Dual Members – SFN-53963

{endblock}{x quwhen InformationNeeded has 9}

• TIAA Account Statement – 1152

{endblock}{x quwhen InformationNeeded has 10}

• Application for the Partial Lump Sum Option - Defined Benefit – SFN-54373

{endblock}{x quwhen InformationNeeded has 42}

• Application for Deferred Normal Retirement Option - SFN 58631

{endblock}{x quwhen InformationNeeded has 11}

• Vision & Dental Insurance Enrollment – SFN-58792

{endblock}{x quwhen InformationNeeded has 12}

• Insurance COBRA Application – SFN-14120

{endblock}{x quwhen InformationNeeded has 13}

• Medicare ID Card – 1025

{endblock}{x quwhen InformationNeeded has 14}

• Medicare Prescription Drug Plan (PDP) Individual Enrollment Form – SFN-58860

{endblock}{x quwhen InformationNeeded has 15}

• Authorization for Automatic Premium Deduction – SFN-50134

{endblock}{x quwhen InformationNeeded has 16}

• Retiree Life Insurance Application – SFN-53622

{endblock}{x quwhen InformationNeeded has 17}

• Continuation of Coverage in a Medical Spending Account (COBRA) – SFN-53512

{endblock}{x quwhen InformationNeeded has 18}

• Election for Portable Coverage LTC – SFN-58878

{endblock}{x quwhen InformationNeeded has 19}

• TIAA Distribution form – 1144

{endblock}{x quwhen InformationNeeded has 20}

• TIAA EFT – 1251

{endblock}{x quwhen InformationNeeded has 21}

• Disability Retirement-Occupational Demands – SFN-54398

{endblock}{x quwhen InformationNeeded has 22}

• Disability Retirement-Attending Physician’s Stmt of Disability – SFN-54399

{endblock}{x quwhen InformationNeeded has 23}

• COBRA Extension for Social Security Disability Award – SFN-53510

{endblock}{x quwhen InformationNeeded has 24}

• Social Security Award Letter – 1132

{endblock}{x quwhen InformationNeeded has 25}

• Notice of Group Life Insurance Conversion Privilege – SFN-53924

{endblock}{x quwhen InformationNeeded has 26}

• Life Claim for Disability Benefits – Employee Statement – SFN-58869

{endblock}{x quwhen InformationNeeded has 27}

• Life Claim for Disability Benefits – Attending Physician’s Statement – SFN-58940

{endblock}{x quwhen InformationNeeded has 28}

• Life Claim for Disability Benefits – Employer Statement – SFN-58939

{endblock}{x quwhen InformationNeeded has 29}

• Workers Comp Stmt – 1252

{endblock}{x quwhen InformationNeeded has 30}

• Medical Consultant Determination – 1253

{endblock}{x quwhen InformationNeeded has 31}

• Application for Retirement Benefits – SFN-02562

{endblock}{x quwhen InformationNeeded has 32}

• Application for Disability Benefits – SFN-18000

{endblock}{x quwhen InformationNeeded has 33}

• Retiree Group Health Insurance Application – SFN-16277

{endblock}{x quwhen InformationNeeded has 34}

• Retiree Vision/Dental Insurance Enrollment/Change – SFN-53504

{endblock}{x quwhen InformationNeeded has 35}

• Retiree Health Insurance with Medicare Application – SFN-59562

{endblock}{x quwhen InformationNeeded has 36}

• Retiree Continuation of Group Health Insurance Coverage (COBRA) – SFN-53799

{endblock}{x quwhen InformationNeeded has 37}

• Health Insurance Enrollment – SFN-60036

{endblock}{x quwhen InformationNeeded has 38}

• Certificate of Creditable Coverage – 1500

{endblock}{x quwhen InformationNeeded has 39}

• Disability Retirement Attending Physician's State of Disability – SFN-54399

{endblock}{x quwhen InformationNeeded has 40}

• Application for Recertification of Disability Retirement Benefits – SFN-50149

{endblock}{x quwhen InformationNeeded has 41}

• Application for the Graduated Benefit Option – Defined Benefit– SFN 59596

{endblock}

You may request an estimate of your benefit amount; however, it will not be finalized until the last contribution has been credited to your account.

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

Sincerely,

NDPERS Benefits Division

{quif InformationNeeded in 31}{tmp SFN-02562}

{endif}{quif InformationNeeded in 32}

{tmp SFN-18000}

{endif}{quif InformationNeeded in 4}

{tmp SFN-58358}

{endif}{quif InformationNeeded in 5}

{tmp SFN-02560}

{endif}{quif InformationNeeded in 6}

{tmp SFN-18379}

{endif}{quif InformationNeeded in 7}

{tmp SFN-51506}

{endif}{quif InformationNeeded in 8}

{tmp SFN-53963}

{endif}{quif InformationNeeded in 10}

{tmp SFN-54373}

{endif}{quif InformationNeeded in 42}

{tmp SFN-58631}

{endif}{quif InformationNeeded in 35}

{tmp SFN-59562}

{endif}{quif InformationNeeded in 14}

{tmp SFN-58860}

{endif}{quif InformationNeeded in 15}

{tmp SFN-50134}

{endif}{quif InformationNeeded in 16}

{tmp SFN-53622}

{endif}{quif InformationNeeded in 17}

{tmp SFN-53512}

{endif}{quif InformationNeeded in 21}

{tmp SFN-54398}

{endif}{quif InformationNeeded in 22}

{tmp SFN-54399}

{endif}{quif InformationNeeded in 23}

{tmp SFN-53510}

{endif}{quif InformationNeeded in 33}

{tmp SFN-16277}

{endif}{quif InformationNeeded in 34}

{tmp SFN-53504}

{endif}{quif InformationNeeded in 36}

{tmp SFN-53799}

{endif}{quif InformationNeeded in 37}

{tmp SFN-60036}

{endif}{quif InformationNeeded in 40}

{tmp SFN-50149}

{endif}{quif InformationNeeded in 41}

{tmp SFN-59596}

{endif}{quif InformationNeeded in 26}

{tmp SFN-58869}

{endif}{quif InformationNeeded in 27}

{tmp SFN-58940}

{endif}{quif InformationNeeded in 28}

{tmp SFN-58939}

{endif}