{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: AUTHORIZATION FOR PREMIUM DEDUCTION**

Dear {stdMbrSalutation}:

{x quwhen Option has “0”}

This is confirmation that NDPERS has received your authorization for premium deduction. Your insurance premium will be deducted from your bank account on the 5th working day of each month effective for {qu EffectiveDate}.

{x endblock}

{x quwhen Option has “1”}

This is confirmation that NDPERS has received your authorization for premium deduction for your insurance premium(s). Since it is after the 15th of { CurrentMonth}, it is too late to make this change effective for your { NextMonth} deduction. It will be effective {qu EffectiveDate} deduction.

{x endblock}

{x quwhen Option has “2”}

Thank you for notifying our office of your authorization for premium deduction. However, we do require the enclosed NDPERS “Authorization for Automatic Premium Deduction SFN 50134. You need to complete the top portion of the form and your bank needs to complete the bottom portion. The form needs to be returned to our office by the 15th of the month to be effective for the next month’s transaction. Enclosed is a return envelope for your convenience in returning the form.

{x endblock}

{x quwhen Option has “3”}

This is confirmation that NDPERS has received your authorization for premium deduction of your insurance premium(s). However your form is incomplete and being returned for the following reason:

{x quwhen Item has “0”}

* Please indicate in Part A your bank account number

{x endblock}

{x quwhen Item has “1”}

* Please indicate in Part A which insurance premium you’re requesting to be withheld from your bank account

{x endblock}

{x quwhen Item has “2”}

* Please sign and date Part A

{x endblock}

{x quwhen Item has “3”}

* Your financial institution must complete and sign Part B

{x endblock}

{x quwhen Item has “4”}

* Other: {qu Other}

{x endblock}

{x endblock}

{x quwhen Option has “4”}

This is confirmation that NDPERS has received your request to cancel the automatic premium deduction of your insurance premium(s). Effective {qu EffectiveDate}, a monthly bill will be issued and mailed to your address on the first business day of every month.

{x endblock}

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

Sincerely,

NDPERS Benefits Division

{x quwhen Option has “2”}

Enclosure(s) - Authorization for Automatic Premium Deduction SFN 50134

Return envelope

{x endblock}

{quif Option is 2}

{tmp SFN-50134}

{endif}