{stdlongdate} Member ID: {stdMbrPERSLinkID}

{qu SurvisingSpouseName}

{qu AddressLine1}

{x qu AddressLine2}

{qu AddressCity} {qu AddressState} {qu AddressZip}

**RE: NDPERS FLEXIBLE COMPENSATION ACCOUNT OF** **{deceasedName} (DECEASED)** **{deceasedPERSLinkID}**

Dear {qu SpouseNameSalutation}:

We are sorry to hear of {deceasedFirstName}’s death and wish to extend our sincere sympathy to you and your family members.

This is to inform you of the status of the medical spending reimbursement account for the {qu FlexCompReimbursementYear} plan year.

As the beneficiary, you may submit claims on behalf of {deceasedFirstName}, and be reimbursed ${qu FlexCompReimbursementAmount} for qualifying expenses incurred from {qu PlanStartDate} to {qu PlanEndDate}. Claims must be submitted by {qu SubmitBy}.

As a beneficiary, you will need to submit a copy of the Death Certificate along with a claim form to ADP. The flex comp spending account claim forms are available on the ADP website at [www.spendingaccounts.info](http://www.spendingaccounts.info).

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

Sincerely,

NDPERS Benefits Division

{tmp SFN-58631}