{stdlongdate} Member ID: {stdMbrPERSLinkID}

Avis Osouna

Pension Benefit Consultant

METROPOLITAN LIFE INSURANCE CO.

PO BOX 14710

LEXINGTON KY 40512-4710

**RE: DEATH OF ANNUITANT** **{ BenefitAccountOwnerNameCAPS} DECEASED:** **{dateofdeath}**

Dear Avis Osouna:

NDPERS has been notified of the death of { BenefitAccountOwnerName }.

{ BenefitAccountOwnerName } received a monthly benefit payment under the Travelers Life & Annuity contract. **Please suspend future benefit payments to this annuitant.**

{ BenefitAccountOwnerName } received a benefit payment under the { BenefitOption} option. NDPERS will forward a copy of the death certificate when it is received.

{x when BenefitsPayable has “N”}

No further benefits are payable to the estate or beneficiary.

{x endblock}

{x when BenefitsPayable has “Y”}

Upon receipt of the death certificate, benefit payments should continue to the designated beneficiaries and payment should be based upon the member’s { BenefitOption } option. The payment should be sent to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAME** | **ADDRESS 1** | **ADDRESS 2** | **CITY** | **STATE** | **ZIP** |
| {tb Beneficiaries} |  |  |  |  |  |

{x endblock}

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

Sincerely,

NDPERS Benefits Division