{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: OVERPAYMENT OF RETIREE HEALTH INSURANCE CREDIT (RHIC)**

Dear {qu PersonalRepName}:

{stdMbrFirstName} received a monthly Retiree Health Insurance Credit (RHIC), which was eligible to be claimed each month through {qu MonthYearDOD}. RHIC benefits are payable the first of each month for that month and cease the month following the death of a member. {stdMbrFirstName} was overpaid RHIC benefits for the month of {MonthYearDODNextMonth} in the amount of {qu RHICOverpayment} from the NDPERS system. This is administered and paid by a third-party administrator, ASIFlex.

The laws governing NDPERS state that a person who receives an overpayment is liable to refund those payments upon receiving an explanation and a written request for the amount to be returned. The North Dakota Administrative Code Chapter 71-02-04-10 states, in part:

If the overpayment of benefits was not the result of any wrongdoing, negligence, misrepresentation, or omission by the recipient, the recipient may make repayment arrangements subject to the executive director's approval within sixty days of the written notice of overpayment with the minimum repayment amount no less than fifty dollars per month.

The North Dakota Administrative Code Chapter 71-02-04-12 also states:

A person not satisfied with repayment arrangements made under section 71-02-04-10 may appeal the executive director's decision in writing to the board. The written request must explain the basis of the appeal and must be received in the office within sixty days of the executive director's written decision.

You have the following two options in which to address the situation:

1. Pay back the {qu RHICOverpayment} in a one-time lump sum by personal check.
2. Propose a repayment schedule, which can be no less than $50.00 a month. NDPERS executive director must approve any proposal you make.

If you do not select one of the above options within 60 days of the date of this letter, this overpayment may be submitted to the Attorney General’s office for review and collection.

**Please make a check or money order payable to ASIFlex in the amount of** **{qu RHICOverpayment}.**

You may also authorize ASIFlex to reverse funds from the checking/savings account in which the funds were deposited. If this option is preferred, simply send an email to the ASIFlex finance department at finance@asiflex.com.

**If payment is mailed, send a check or money order by** **{GeneratedDatePlusSixtyDays} payable to the following:**

ASIFLEX

PO Box 6044

Columbia, MO 65205-6044

Please accept our apologies for this error and causing you inconvenience. If you have already contacted ASIFlex to setup repayment, please disregard this notice.

If you have any questions, please contact ASIFlex Accounting Department at (800) 659-3035 or NDPERS at (701) 328-3900 or (800) 803-7377.

Sincerely,

NDPERS Benefits Division