{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: LONG TERM CARE INSURANCE PLAN**

Dear {stdMbrSalutation}:

Please find the attached notice from {LTCPlanCarrierName} regarding the denial of coverage or closing of the application process for Long Term Care Insurance on behalf of {qu MemberOrSpouse}.

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

Sincerely,

NDPERS Benefits Division