{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: LONG TERM CARE INSURANCE PLAN**

Dear {stdMbrSalutation}:

Enclosed is the notice from {LTCPlanCarrierName} regarding the application you submitted for Long Term Care Insurance coverage.

{LTCPlanCarrierName} has indicated that they require additional information in order to evaluate your request. Please refer to the attached notice and provide the information requested to {LTCPlanCarrierName} within 30 days.

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

Sincerely,

NDPERS Benefits Division