{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**YOUR IMMEDIATE ACTION IS REQUIRED**

**RE: NDPERS** **{PLANNAME} PLAN – LOSS OF DEPENDENT COVERAGE**

Dear {stdMbrSalutation}:

{x quif GuardianshipExpired = Y}

This is to notify you that your dependent, {qu DependentFirstName}, will no longer be eligible for coverage effective {qu PlanEffectiveEndDate} as the guardianship has expired.

{x else}

This is to notify you that since your dependent, {qu DependentFullName}, will be turning age {qu DependentUpcomingAge} in {qu MonthYear}, {qu DependentFirstName} will no longer be eligible for coverage effective {qu PlanEffectiveEndDate}.

Disabled dependents beyond the age of 26, and who are incapable of self support because of mental and/or physical disabilities and who are primarily dependent on the subscriber or the subscriber’s spouse for support, must complete a Dependent Disability Application SFN 58856 and Physician’s for Dependent Disability SFN 58798. Coverage for a disabled child will continue for as long as the child remains unmarried, disabled, and the subscriber completes a statement of eligibility.

{x endif}

If {qu DependentFirstName} continues to qualify as a dependent, you must contact NDPERS before {qu CoverageEndMonth} in order to maintain coverage for {qu DependentFirstName}.

{qu DependentFullName} will be removed as of {qu PlanEffectiveEndDate} unless you notify NDPERS of continued dependent qualification. {qu DependentFirstName} is eligible to continue individual coverage under COBRA for a period of up to 36 months or until eligible for another employer group insurance plan or eligible for Medicare. If COBRA continuation is elected, the monthly premium will be billed directly to {qu DependentFullName} each month.

{x when Plan has “12”}

When COBRA continuation period has ended,{qu DependentFirstName} will be given the opportunity of enrolling under a conversion plan. Contact Sanford Health Plan Member Self Services at (1-800-499-3416) with any questions or for further information on conversion privileges. {x endblock}

{x if LifePlan = Y}

Please note that if {qu DependentFullName} was covered by you as a dependent on your NDPERS Group Life Insurance, eligibility for coverage will discontinue at this time unless they meet the above-referenced definition of disabled dependent. {qu DependentFullName} has the opportunity to convert the coverage to a whole life policy with the life insurance carrier. The conversion form is available on the NDPERS website.

{x endif}

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

Sincerely,

NDPERS Benefits Division