{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: NDPERS GROUP HEALTH INSURANCE**

Dear {stdMbrSalutation}:

{x quwhen memberOrSpouse has “0”}

This letter is to notify you that effective {qu EffectiveDateOfCancellation}, your NDPERS Group Health Insurance coverage will be cancelled.

Our office previously notified you that our records indicated you are nearing age 65. We requested that you complete an application and provide a photocopy of your Medicare ID card. A copy of our previous notification is enclosed. To date, we have not received the requested information; therefore, your coverage is being cancelled {qu EffectiveDateOfCancellation}.

{endblock}{x quwhen memberOrSpouse has “1”}

This letter is to notify you that effective {qu EffectiveDateOfCancellation}, your spouse’s NDPERS Group Health Insurance coverage will be cancelled.

Our office previously notified you that our records indicated your spouse is nearing age 65. We requested that you complete an application and provide a photocopy of your spouse’s Medicare ID card. A copy of our previous notification is enclosed. To date, we have not received the requested information; therefore, your spouse’s coverage is being cancelled {qu EffectiveDateOfCancellation}.

{endblock}

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

Sincerely,

NDPERS Benefits Division

Enclosure - Copy of Previous Notice