{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE:** **{PLANNAME} INSURANCE CONTRACT**

Dear {stdMbrSalutation}:

NDPERS has received your election to {qu continueOrenroll} in the NDPERS {PlanName} insurance coverage. Your coverage will not be set up until your first premium is received. Your payment of $ {qu PremiumAmount} must be received within the next 45 days or by {qu PremiumPaymentDueDate}. Upon receipt, your coverage will be set up effective {EffectiveDate}. This will be your only notice.

{x quwhen continueOrenroll has “0”}

If NDPERS does not receive your premium payment by the above date, your application will be voided and you will have forfeited your right for continuation of coverage.

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

If NDPERS does not receive your premium payment by the above date, your application will be voided and you will have forfeited your right for new coverage.

{endblock}

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

Sincerely,

NDPERS Benefits Division