{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: FlexComp Deduction**

Dear {stdOCSalutation}:

This is to request that a one time FlexComp deduction be processed for the following employee to pay COBRA FSA Medical Spending premium through the end of the current plan year.

Employee: {qu MemberName}

People Soft ID: {qu PeoplesoftId}

Pay Period: {qu PayPeriod}

Amount of Deduction: ${qu DeductionAmount}

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

Sincerely,

NDPERS Benefits Division