{stdlongdate} Organization ID: 700018

VOYA FINANCIAL

GROUP LIFE CLAIMS DIVISION

PO BOX 1548

MINNEAPOLIS MN 55440-1548

**RE: LIFE INSURANCE DEATH CLAIM**

Dear Claims Administrator:

Enclosed are completed Death Claim form, Certificate of Death, and supporting documents for the following individual:

**{deceasedNameInCaps} (DECEASED)** **{stdMbrPERSLinkID}**

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

Sincerely,

NDPERS Benefits Division

Enclosure – Death Claim form

Certificate of Death

Supporting Documents