{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: AUTHORIZATION FOR THIRD PARTY PREMIUM PAYMENT**

Dear {stdMbrSalutation}:

This is to confirm that NDPERS received your authorization to mail your premium payment or wire transfer your premium payment to your insurance provider effective {qu EffectiveDate}.

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

Sincerely,

NDPERS Benefits Division

C {stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity } {stdOCAdrCorState} {stdOCAdrCorZip}