{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE:** **{DBPlan} BENEFIT INCREASE**

Dear {stdMbrSalutation}:

{x if IsPercentageIncrease is “Y”}

NDPERS is pleased to notify you that legislation has been enacted that provides for benefit enhancements for all {DBPlan} members receiving a monthly benefit payment. Effective {AdhocEffectiveDate}, your monthly benefit will be increased by {PercentageIncrease} percent.

{endblock}{x if IsFlatIncrease is “Y”}

NDPERS is pleased to notify you that legislation has been enacted that provides for benefit enhancements for all {DBPlan} members receiving a monthly benefit payment. Effective {AdhocEffectiveDate}, your monthly benefit will be increased by ${FlatIncrease}.

{endblock}

Listed below are your current monthly benefit amount and deductions, as well as the amount you will receive {AdhocEffectiveDate}. In some instances, the benefit increase may result in an increase in the amount of taxes being deducted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Benefit Amount:** | {BenefitAmount} | **New Benefit Amount:** | {NewBenefitAmount} |
|  |  |  |  |
| **Current Deductions:** |  | **{AdhocEffectiveDate} Deductions:** |  |
| Health Insurance: | {NetHealthPremiumAmount} | {NetHealthPremiumAmount} |  |
| Life Insurance: | {TotalLifeMonthlyPremium} | {TotalLifeMonthlyPremium} |  |
| Dental Insurance: | {DentalMonthlyPremium} | {DentalMonthlyPremium} |  |
| Vision Insurance: | {VisionMonthlyPremium} | {VisionMonthlyPremium} |  |
| Long Term Care Insurance: | {LTCTotalMonthlyPremium} | {LTCTotalMonthlyPremium} |  |
| Federal Income Tax: | {FederalTaxAmount} | {NewFederalTaxAmount} |  |
| ND Income Tax: | {NDStateTaxAmount} | {NewNDStateTaxAmount} |  |
| NDPEA Dues: | {NDPEADeductionAmount} | {NDPEADeductionAmount} |  |
| AFPE Dues: | {AFPEDeductionAmount} | {AFPEDeductionAmount} |  |
| 3rd Party Health Insurance: | {3PartyDeductionAmount | {3PartyDeductionAmount} |  |
| Child Support | {ChildSupportDeductionAmount} | {ChildSupportDeductionAmount} |  |
| Tax Levy: | {TaxDeductionAmount} | {TaxDeductionAmount} |  |
| **Net Benefit Amount:** | **{NetAmount}** | **{NetBenefitAmount}** |  |

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

Sincerely,

NDPERS Benefits Division