{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DISABILITY RECERTIFICATION – CASE #** **{ CaseID }**

Dear {stdMbrSalutation}:

NDPERS received your verification of your social security disability benefit. We are please to inform you that your recertification of disability benefits has been approved. You will be contacted to recertify again in eighteen (18) months.

**If you return to employment or have a change in employment, you must notify the NDPERS office in writing.**

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

Sincerely,

NDPERS Benefits Division