{stdlongdate} Member ID: {stdMbrPERSLinkID}

CAMMIE CORDON

Mid Dakota Clinic WorkLife

2700 State Street

BISMARCK ND 58503

**RE: NDPERS APPLICATION FOR RECERTIFICATION OF LONG-TERM DISABILITY BENEFITS – CASE #** **{Case ID}**

**MEMBER:** **{stdMbrFullName}**

Dear Cammie:

{x quwhen Recertification has “0”}

Enclosed is an Application for Recertification of Long Term Disability Benefits SFN 50149 and Disability Retirement Attending Physician’s Statement of Disability SFN 54399 for the above referenced member. This application is being forwarded to your attention for disability benefit eligibility determination.

{x endblock}

{x quwhen Recertification has “1”}

The member was originally approved for disability benefits based on a disability award from the Social Security Administration.

{x endblock}

The determination needs to be completed by {qu DeterminationDueDate}.

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

Sincerely,

NDPERS Benefits Division

{x quwhen Recertification has “1”}

Enclosures Copy of Original Notice of Termination & Application for Long Term Disability

Copy of Original Long Term Disability Occupational Demands

Copy of Original Long Term Disability Claim Notice & Attending Physician’s Statement of Disability

Copy of Social Security Administration Retirement, Survivors, and Disability Insurance Notice of Award Letter

{x endblock}

{x quwhen Recertification has “0”}

Enclosures Application for Recertification of Long Term Disability Benefits SFN 50149

Disability Retirement Attending Physician’s Statement of Disability SFN 54399

{tmp SFN-50149}

{tmp SFN-54399}

{x endblock}