{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: INSURANCE CONTRACT**

Dear {stdMbrSalutation}:

NDPERS did not receive payment for {monthyear} insurance premium(s). Your balance due is {premiumamount}. Premiums are due in this office by the first of each month.

{x if MedicareIn != 1}

If you wish to continue your insurance coverage, your check in the amount of {premiumamount} must be received in this office no later than {lastdayofcurrentmonth}. If NDPERS does not receive your remittance by this date, your coverage will be cancelled {FirstofCurrentMonth}.

{x endblock}

{x if MedicareIn = 1}

If any part of your insurance coverage is Medical and Part D prescription drug coverage, to continue your insurance coverage your check in the amount of {premiumamount} must be received in this office no later than {lastdayofcurrentmonth}. If we do not receive your payment by the requested date, your medical coverage will be cancelled as of {FirstofCurrentMonth} in compliance with the Centers for Medicare and Medicaid Services (CMS), this letter serves as your 21-day notice that your Medicare Part D prescription drug coverage will also be cancelled as of {FirstofNextMonth}.

{x endblock}

If you have recently sent payment for your insurance premiums, please disregard this notice. If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Accounting Division