{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: INSURANCE CONTRACT**

Dear {stdMbrSalutation}:

{x quwhen IsMedicare has “N”}

The following insurance coverage(s) has been cancelled effective {qu cancelledeffectivedate } because NDPERS did not receive payment for your insurance premium(s).

{x endblock}

{x quwhen IsMedicare has “Y”}

NDPERS did not receive payment for your insurance premiums; therefore your medical coverage has been cancelled as of {qu cancelledeffectivedate} and your Medicare Part D prescription drug coverage as of {qu MedicareCancelledEffectiveDate}.

{x endblock}

{x quwhen plan has 0}

* Health

{endblock}{x quwhen plan has 1}

* Medicare Part D

{endblock}{x quwhen plan has 2}

* Life

{endblock}{x quwhen plan has 3}

* EAP

{endblock}{x quwhen plan has 4}

* LTC

{endblock}{x quwhen plan has 5}

* Dental

{endblock}{x quwhen plan has 6}

* Vision

{endblock}{x quwhen plan has 7}

* HMO

{endblock}

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

Sincerely,

NDPERS Accounting Division