{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: LIFE INSURANCE PREMIUM INCREASE**

Dear {stdMbrSalutation}:

This letter is to inform you that effective January {EffectiveYear} your age will move you into the next age bracket for your Supplemental life insurance premium. Our records show the following will change:

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of Coverage** | **Coverage Amt** | **Current Premium** | **New Premium** |
| {tb tblMemCovDtl} |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total** |  | **{TotCurPremium}** | **{TotNewPremium}** |

You do not need to take any action unless you wish to decrease your current level of coverage. You may decrease your level of coverage at any time. The rules do not allow you to increase your coverage. Unless you request a change, your current coverage will remain in effect until you reach age 65. At that time, your Supplemental coverage will end and you will only be able to continue the Basic coverage for the remainder of your life time. To decrease your level of coverage, you must complete a Retiree Life Insurance Enrollment/Change SFN 53622. This form can be found on our website under Resources or you can contact our office.

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

Sincerely,

NDPERS Accounting Division