{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: INSURANCE PAYMENT**

Dear {stdMbrSalutation}:

We are unable to process your recent {qu plan} Insurance premium payment for the following reason(s):

{x quwhen Item has 0}

* The enclosed check requires a signature; please sign and return with the enclosed Individual Billing Statement SFN 16789.

{x endblock}

{x quwhen Item has 1}

* The enclosed check is made payable to someone other than NDPERS. Please correct and return with the enclosed Individual Billing Statement SFN 16789.

{x endblock}

{x quwhen Item has 2}

* Payment was not enclosed with your Individual Billing Statement SFN 16789. Please enclose a check for the amount due with the billing statement.

{x endblock}

{x quwhen Item has 3}

* We are unable to accept cash as a form of payment. Please return the enclosed Individual Billing Statement SFN 16789 with the amount due by personal check or money order payable to NDPERS.

{x endblock}

{x quwhen Item has 4}

* The enclosed material was sent to NDPERS in error.

{x endblock}

{x quwhen Item has 5}

* The enclosed check requires further completion. Please fill in the uncompleted blanks and return with the enclosed Individual Billing Statement SFN 16789.

{x endblock}

{x quwhen Item has 6}

* Your {qu plan} Contract(s) has been cancelled due to non payment of required premium by due date. Your premium check is enclosed.

{x endblock}

{x quwhen Item has 7}

* Other:

{x endblock}

For your convenience, we have enclosed a self-addressed return envelope. If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Accounting Division

Enclosure –

{x quif Item has 0}

Individual Billing Statement SFN 16789

Premium check

{else} {x quif Item has 1}

Individual Billing Statement SFN 16789

Premium check

{else} {x quif Item has 5}

Individual Billing Statement SFN 16789

Premium check

{else} {x quif Item has 2}

Individual Billing Statement SFN 16789

{else} {x quif Item has 3}

Individual Billing Statement SFN 16789

{x endif}

{x endif}

{x quif Item has 6}

Premium check

{x endif}

{x endif}

{x endif}

{x endif}

{x quif Item has 4}

Erroneous materials sent to NDPERS

{x endif}