{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: TERM LIFE INSURANCE POLICY**

Dear {stdMbrSalutation}:

This is to notify you that your 12-month continuation period for group term life insurance will expire {ProjectedPremiumEffectiveDate }.

If you wish to retain life insurance coverage, you or your insured dependent(s) may convert this insurance to an individual life insurance policy. To convert you insurance, you must complete an Application for Conversion of Group Life Insurance Form within 31 days from the date your coverage will expire and pay the first premium payment. For a copy of the application and further details about conversion of your life Insurance benefits, please refer to the publication Converting Group Term Life Insurance to Individual Insurance available on our web site at www.nd.gov/ndpers.

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

Sincerely,

NDPERS Benefits Division