{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: COBRA CONTINUATION DUE TO DIVORCE**

Dear {stdMbrSalutation}:

Please find the enclosed Continuation of Group Insurance Coverage (COBRA) SFN 14120 form that needs to be completed for coverage under the {PlanName} plan. Due to your divorce effective {qu DateOfDivorce}, you will be able to continue coverage with NDPERS for up to 36 months if monthly premiums are paid unless you become covered by another plan or eligible for Medicare. {quwhen CoverageIncludesMonthsAlreadyCovered has “0”} Your 36 month COBRA coverage includes the months that you have already been covered under COBRA.{endblock}

In order for coverage to be effective {qu DateOfCoverage}, you will need to complete, as soon as possible, the enclosed application and include a check made out to NDPERS for the {qu EffectiveMonth} premium. Please return the application and check to NDPERS in the enclosed self-addressed envelope.

The current premium for a {LevelOfCoverage} COBRA policy is {premium} per month. NDPERS will not be able to process the application for coverage unless a check is included for the {qu EffectiveMonth} premium. If you wish to cancel this coverage, such notice must be received by NDPERS in writing by the 15th of the month prior to the effective date.

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

Sincerely,

NDPERS Benefits Division

Enclosure – Continuation of Group Insurance Coverage (COBRA) SFN 14120

{tmp SFN-14120}