{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: PREMIUM HISTORY CONFIRMATION**

Dear {stdMbrSalutation}:

As requested, below is the premium payment detail for {qu PlanYear}.

|  |  |
| --- | --- |
| **Benefit Plan** | **Yearly Premium Paid** |

{x quif IsHealth = 0}

|  |  |
| --- | --- |
| Health Insurance | {qu HealthPremiumAmount} |

{x endif}

{x quif IsMedicarePartD = 1}

|  |  |
| --- | --- |
| Medicare Part D Insurance | {qu MedicarePremiumAmount} |

{x endif}

{x quif IsDental = 2}

|  |  |
| --- | --- |
| Dental Insurance | {qu DentalPremiumAmount} |

{x endif}

{x quif IsVision = 3}

|  |  |
| --- | --- |
| Vision Insurance | {qu VisionPremiumAmount} |

{x endif}

{x quif IsLife = 4}

|  |  |
| --- | --- |
| Life Insurance | {qu LifePremiumAmount} |

{x endif}

{x quif IsMedicareSpouse = 5}

|  |  |
| --- | --- |
| Medicare Part D Insurance (Spouse) | {qu MedicareSpousePremiumAmount} |

{x endif}

|  |  |
| --- | --- |
| **Grand Total** | {qu GrandTotal} |

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

Sincerely,

NDPERS Accounting Division