{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: NON-SUFFICIENT FUNDS**

Dear {stdMbrSalutation}:

Our office received a notice from the bank that you had non-sufficient funds, and therefore they could not deduct your {qu month} {qu plan} insurance premium from your bank account. As a result, your insurance premium is past due and **due immediately**.

In order to avoid cancellation of your coverage, you will need to submit a total of ${qu premiumdue}. **If this premium** **is not received by the 5th of the next month, we will deduct two months of premium on this date from your bank account.**  Please remit the amount due with the enclosed form to ensure your payment is applied to your account.

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

Sincerely,

NDPERS Accounting Division

Enclosure