{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName} Purchase ID: {PurchaseID}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: REQUEST RETIREE HEALTH CREDIT PORTION OF PURCHASE**

Dear {stdMbrSalutation}:

This letter is to inform you that NDPERS has received a check from {qu CheckRecdFrom} for ${qu RolloverAmount}. This is payment for the retirement portion of your purchase agreement to buy {TotalTimeToPurchase} months of service credit. In order to complete the contract, you are obligated to pay NDPERS the amount of {PurchaseCost-RHICPortionAmount} which is the health credit portion of the agreement by {qu DeadlineToReceive}.

If NDPERS does not receive the health credit portion by the above date, the purchase will not be processed and the check from {qu CheckRecdFrom} for ${qu RolloverAmount} will be returned to them.

{quif RemainingRetirementPortion > 0}

Please make arrangements with our office to pay the remaining balance of ${qu RemainingRetirementPortion}

{endif}

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

Sincerely,

NDPERS Accounting Division