{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: PAYMENT REQUEST FOR UNUSED SICK LEAVE**

Dear {stdMbrSalutation}:

Your cost to convert {TotalMonthsToPurchase} months of unused sick leave into retirement service credit is {TotalPurchaseCost}.

{x if Main2020orDC2020 = 0}

Of this amount, {RetirementCost} is for the retirement portion and {RHICCost} is for the retiree health credit portion.

{x endif}

{x quwhen Rollover has 0}

The retirement portion can be paid for with a rollover/transfer from an eligible fund. A Rollover/Transfer Request for Service Credit Purchases SFN 52059 must be completed by you and the provider representative/administrator of the eligible plan or IRA. This completed form should be submitted to NDPERS either prior to or at the time the rollover/transfer payment occurs.

{x if Main2020orDC2020 = 0}

The retiree health credit portion must be paid with a personal check as an after-tax payment.

{x endif}{x endblock}

Payment must be received by **{qu OptionExpirationDate}**; otherwise this option is invalid.

This estimated cost was determined by using your estimated final average salary of {FAS} multiplied by {Contribution}% multiplied by {TotalMonthsToPurchase}. NDPERS will determine the final cost calculation based upon termination of your employment. If there is a difference between the sick leave balance or conversion payment amount and the amount that you paid, then only the amount of sick leave available as of your termination date will be added to your member record. Your member account will be credited with the full amount of funds received. If an underpayment occurs, then we will notify you of the additional amount necessary to pay for the conversion.

Please complete the enclosed Purchase Payment Election form and return it in the enclosed envelope. If you elect to convert your unused sick leave, please make your check payable to NDPERS.

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

Sincerely,

NDPERS Benefits Division

Enclosure – [SFN 53757 Purchase Payment Election Form](javascript:__doPostBack('ctl00$cphCenterMiddle$dgrResult$ctl09$icdoCorTemplates_template_desc',''))

{x quwhen Rollover has 0}

[SFN 52059 ROLLOVER REQUEST FOR SERVICE CREDIT PURCHASES](javascript:__doPostBack('ctl00$cphCenterMiddle$dgrResult$ctl03$icdoCorTemplates_template_desc',''))

{x endblock}

{tmp SFN-53757}

{quif Rollover is 0}

{tmp SFN-52059}

{endif}