{stdlongdate} Member ID: {deceasedPERSLinkID}

{qu ContactName}

{qu AdrCorStreet1}

{x qu AdrCorStreet2}

{qu AdrCorCity} {qu AdrCorState} {qu AdrCorZip}

**RE: NDPERS Account(s) of** **{deceasedName}**

Dear {qu Salutation}:

We were sorry to hear of {deceasedFirstName}’s death and wish to extend our sincere sympathy to you and your family.

{x quwhen LetterType has “0”}

**RETIREMENT ACCOUNT:**

**HEALTH INSURANCE:**

**LIFE INSURANCE:**

**DENTAL INSURANCE:**

**VISION INSURANCE:**

**DEFERRED COMPENSATION:**

{x endblock}

{x quwhen LetterType has “1”}

**HEALTH INSURANCE:**

**DENTAL INSURANCE:**

**VISION INSURANCE:**

{x endblock}

{x quwhen LetterType has “2”}

**RETIREMENT ACCOUNT:**

{deceasedFirstName} was receiving surviving spouse benefits from {BenefitAccountOwnerName}’s retirement account. This benefit was payable for life. Benefit payments are issued the first of each for that month and cease the month following the death of the surviving spouse. I regret there is no death benefit payable from the retirement account.

**HEALTH INSURANCE:**

**LIFE INSURANCE:**

**DENTAL INSURANCE:**

**VISION INSURANCE:**

**DEFERRED COMPENSATION:**

{x endblock}

{x quwhen LetterType has “3”}

**RETIREMENT ACCOUNT:**

{deceasedFirstName} received a monthly benefit payment from the Retirement System under the Single Life retirement option. The benefit payment was payable to {deceasedFirstName} for life with a guaranteed minimum benefit amount of at least {OriginalMinimumGuarantee}. Life to date, {deceasedFirstName} has received a total of {LTDPaidAmount} in monthly benefits. I regret there is no death benefit payable from the retirement account.

Benefit payments are issued the first of each month for that month and cease the month following the death of the member.

**HEALTH INSURANCE:**

**LIFE INSURANCE:**

**DENTAL INSURANCE:**

**VISION INSURANCE:**

**DEFERRED COMPENSATION:**

{x endblock}

{x quwhen LetterType has “4”}

**LIFE INSURANCE:**

{deceasedFirstName} carried a {LifeInsurancePolicyValue} life insurance policy. You are named as the primary beneficiary for {qu LifeBene%} of the policy.

Enclosed you will find a ***Death Claim*** form; you must complete the "*Beneficiary Statement”* section in its entirety. Return the form to NDPERS along with a **certified** copy of the **Certificate of Death**. Our office will forward the information to the life insurance company for processing. In approximately twenty business days from the date of filing, you will receive a check directly from the life insurance company.

{x endblock}

{x if quwhen LetterType != “4”}

As final processing of {deceasedFirstName}’s account, we require one certified copy of the ***Certificate of*** ***Death***. A certified copy has the raised seal of the local registrar of vital records. Enclosed for your convenience is a stamped, self-addressed envelope. The Certificate of Death will be returned upon final processing of the account.

{x endblock}

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

Sincerely,

NDPERS Benefits Division