{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: BENEFIT ESTIMATE**

Dear {stdMbrSalutation}:

Your estimated benefit is calculated assuming the following information:

{x if MainorLEorNG = 1}

Benefit Multiplier: {Firstyrs}% for each year of Service Credit

{endif}{x if Judges = 1}

Benefit Multiplier: {First10yrs}% for first 10 years, {Next10yrs}% for next 10 years, and {>20yrs}% for over 20 years

{endif}{x if HP = 1}

Benefit Multiplier: {First25yrs}% for first 25 years and {>25yrs}% for 25+ years

{endif}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age at Retirement: | {AgeatRetirement} |  | Marital Status: | | {MaritalStatus} | |
| Years of Service Credit: | {YearsofServiceCredit} |  | Retirement Date: | | {RetirementDate} | |
| Final Average Salary: | {FAS} |  | Account Balance: | | {MemberAccountBalance} | |
| Benefit Sub-Type: | | | | {Early(Reduced)orNormal(Unreduced)orDeferred(Increased)} | |
| Retirement Benefit Option Selected: | | | | {BenefitOption} | |
| {x if QDRO = 1}  QDRO Reduction Amount\*:  {endif} | | | | {x if QDRO = 1}  {QDROAmount}  {endif} | |
| Retiree Health Insurance Credit Option Selected: | | | | {RHICOption} | |

{x if Comments not " "}

{Comments}

{x endif}

These are projected estimates and are subject to validation at the time you retire.

|  |  |
| --- | --- |
| Gross Pension Amount: | {GrossMonthlyBenefit} |
| Taxable Portion: | {MemberAccount–Taxable} |
| Non-Taxable Portion: | {MemberAccount–NonTaxable} |
| Less Deductions: |  |
| Health Insurance: | {HealthInsuranceMinusRHIC} |
| Life Insurance: | {LifeInsurance} |
| Dental Insurance: | {DentalInsurance} |
| Vision Insurance: | {VisionInsurance} |
| Long Term Care Insurance: | {LTCInsurance} |
| Federal Income Tax: | {FederalIncomeTaxAmount} |
| ND State Income Tax: | {NDStateIncomeTaxAmount} |
| {x if CheckMiscDeductionAmount = 1}Misc Deduction:{endif} | {x if CheckMiscDeductionAmount = 1}{MiscDeductionAmount}{endif} |
| **Net Pension Amount:** | **{NetMonthlyPensionBenefit}** |

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

Sincerely,

NDPERS Benefits Division

Enclosure - Group Retirement Plan Brochure