{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**YOUR IMMEDIATE ACTION IS REQUIRED**

**RE: NDPERS** **{PLANNAME} PLAN – LOSS OF DEPENDENT COVERAGE**

Dear {stdMbrSalutation}:

This is to notify you that since your dependent, {DependentFullName}, will be turning age {DependentUpcomingAge} in { MonthYear}, {DependentFirstName} will no longer be eligible for coverage effective {PlanEffectiveEndDate}.

Disabled dependents beyond the age of 26, and who are incapable of self support because of mental and/or physical disabilities and who are primarily dependent on the subscriber or the subscriber’s spouse for support, must complete a Dependent Disability Application SFN 58856 and Physician’s for Dependent Disability SFN 58798. Coverage for a disabled child will continue for as long as the child remains unmarried, disabled, and the subscriber completes a statement of eligibility.

If { DependentFullName } continues to qualify as a dependent you must contact NDPERS before {CoverageEndMonth} in order to maintain coverage for { DependentFullName }.

{ DependentFullName } will be removed as of {PlanEffectiveEndDate} unless you notify NDPERS of continued dependent qualification. { DependentFullName } is eligible to continue individual coverage under COBRA for a period of up to 36 months or until eligible for another employer group insurance plan or eligible for Medicare. The applicable COBRA notification will be mailed to { DependentFullName }. If COBRA continuation is elected, the monthly premium will be billed directly to { DependentFullName } each month.

{x when Plan has “Health”}

When COBRA continuation period has ended,{ DependentFullName } will be given the opportunity of enrolling under a conversion plan. Contact Sanford Health Plan Member Service at (1-800-499-3416) with any questions or for further information on conversion privileges.{x endblock}

{x if LifePlan = Y}

Please note that if { DependentFullName } was covered by you as a dependent on your NDPERS Group Life Insurance, eligibility for coverage will discontinue at this time unless they meet the above-referenced definition of disabled dependent. { DependentFullName } has the opportunity to convert the coverage to a whole life policy with the life insurance carrier. The conversion form is available on the NDPERS website.

{x endif}

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

Sincerely,

NDPERS Benefits Division