{stdlongdate} Member ID: {BenePERSLinkID}

{BeneFullName}

{BeneAdrCorStreet1}

{x BeneAdrCorStreet2}

{BeneAdrCorCity} {BeneAdrCorState} {BeneAdrCorZip}

**RE: GROUP INSURANCE COVERAGE** **{deceasedName} (DECEASED)** **{deceasedPERSLinkID}**

Dear {BeneSalutation}:

This is to confirm receipt of your Application for Surviving Spouse Benefits SFN 52254 on {ApplicationRecdDate}.

Based on your first retirement check date, you will have to enroll for COBRA continuation in order to avoid a lapse in insurance coverage for the following:

**PLAN EFFECTIVE MONTH**

{x quwhen Plan has 0}

Health {qu HealthCOBRAStartMonth}

{x endblock}

{x quwhen Plan has 1}

Dental {qu DentalCOBRAStartMonth}

{x endblock}

{x quwhen Plan has 2}

Vision {qu VisionCOBRAStartMonth}

{x endblock}

Complete and return the enclosed Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883 by {qu FormDueDate}.

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

Sincerely,

NDPERS Benefits Division

Enclosure(s) - Dependent Continuation of Group Insurance Coverage (COBRA) SFN 53883