{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: LIFE INSURANCE PREMIUM INCREASE**

Dear {stdMbrSalutation}:

This letter is to notify you that based on your age, effective January 1, {upcoming year} you will move into a new premium bracket for your supplemental life insurance premiums. The premium increase will be reflected in your January {upcoming year} premium deduction. Listed below are your current and new life insurance premiums:

**January 1 INSERT Upcoming Year**

**Current Premium Coverage** **New Monthly Premium**

Basic Life $INSERT $ INSERT **$** INSERT  
Supplemental Life $ INSERT $ INSERT $ INSERTBasic Dependent$ INSERT $ INSERT $ INSERTSpouse Supplemental $ INSERT $ INSERT $ INSERT

**Total** $ INSERT$ INSERT

**January 1** **{insert upcoming year}**

**Current Premium Coverage** **New Monthly Premium**

Basic life insurance ${Basic life amt} ${Basic life amt} ${Basic life amt}  
Employee supplemental ${EE supp amt} ${EE supp amt} ${EE supp amt}

Dependent life ${Depn life amt} ${Depn life amt} ${Depn life amt}

Spouse Supplemental ${Spouse amt} ${Spouse amt} ${Spouse amt}

**Total** ${insert total}${insert total}

No action is required on your part. However, if you wish to decrease your current level(s) of coverage, you may do so at any time. The form and current rate tables are available on our web site at www.nd.gov/ndpers or you may contact the NDPERS office. Unless you request a change, your current levels of coverage will remain in effect until you reach age 65. At that time, your supplemental coverage will end and you will only be eligible to retain the basic coverage of $1,300 for your life time.

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

Sincerely,

NDPERS Benefits Division

Will the information be generated or input needed?