{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: NDPERS** **{PLANTYPE} RETIREE PREMIUM CHANGE NOTIFICATION**

Dear {stdMbrSalutation}:

Effective {PremiumChangeDate} your monthly premium rate for the NDPERS {PlanType} will change. The current and new premiums are listed below:

Current Monthly Premium **Monthly Premium** **{EffectiveDate}**

{PlanShortName} ${INSERTOLD} **$****{INSERTNEW}**

${INSERTOLD} **$****{INSERTNEW}**

${INSERTOLD} **$****{INSERTNEW}**

${INSERTOLD} **$****{INSERTNEW}**

If you wish to reduce your level of coverage you must complete a {qu FormName}. The form is available from our web site at www.nd.gov/ndpers or you may contact the NDPERS office. Forms must be received in our office prior to the 1st day of the month in which you want the change to be effective.

To cancel coverage, you must submit a written request that contains the contract holder’s name, social security number, and the date of cancellation. Coverage can only be cancelled effective the end of the month. Requests must be received by the 15th of the month to be effective the 1st of the following month.

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

Sincerely,

NDPERS Benefits Division