{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: INCOMPLETE ENROLLMENT APPLICATION**

Dear {stdMbrSalutation}:

NDPERS has received your enrollment application for the {PlanName}. The following information was incomplete and must be provided to NDPERS:

{x quwhen applicable has 0}

* Please indicate your date of birth.

{x endblock}

{x quwhen applicable has 1}

* You must sign and date the enrollment application,

{x endblock }

{x quwhen applicable has 2}

* Please indicate participation type in Part B.

{x endblock }

{x quwhen applicable has 3}

* You indicated that you were covered by TFFR or TIAA. Please indicate the dates that you were covered under the other retirement plan indicated.

{x endblock }

{x quwhen applicable has 4}

* You must indicate the level of coverage being requested.

{x endblock }

{x quwhen applicable has 5}

* Please designate a beneficiary by completing all requested information.

{x endblock}

{x quwhen applicable has 6}

* You must designate your beneficiary(ies) for the plan by completing the requested information.

{x endblock}

{x quwhen applicable has 7}

* You must indicate your employee ID number.

{x endblock }

{x quwhen applicable has 8}

* The premium conversion section is incomplete. Please complete and re-submit.

{x endblock }

{x quwhen applicable has 9}

* The medical spending reimbursement account section is incomplete. Please complete and re-submit.

{x endblock }

{x quwhen applicable has 10}

* The dependent care reimbursement account section is incomplete. Please complete and re-submit.

{x endblock }

{x quwhen applicable has 11}

* Your employer’s authorized agent must sign and date your election form.

{x endblock }

{x quwhen applicable has 12}

* Your personal information is incomplete. Please complete and re-submit.

{x endblock }

{x quwhen applicable has 13}

* You must indicate the coverage level and information requested.

{x endblock }

{x quwhen applicable has 14}

* You indicated that you or your dependents have other coverage. Please complete information regarding other coverage.

{x endblock }

{x quwhen applicable has 15}

* You must answer the questions regarding Workers’ Compensation/No Fault. If you indicate “yes”, you must provide the information requested.

{x endblock }

{x quwhen applicable has 16}

* You have elected to participate in the EPO plan, but you did not select an EPO provider. Please make this election and return to NDPERS.

{x endblock }

{x quwhen applicable has 17}

* You must elect or decline coverage in Part C.

{x endblock }

{x quwhen applicable has 18}

* You must list all dependents to be covered on policy and complete requested information.

{x endblock }

{x quwhen applicable has 19}

* You must indicate the retirement group and the payment option.

{x endblock }

{x quwhen applicable has 20}

* Notice of creditable coverage

{x endblock }

{x quwhen applicable has 21}

* Incorrect form used

{x endblock }

{x quwhen applicable has 22}

* No election made

{x endblock}

{x quwhen applicable has 23}

* Spouse's Signature Required

{x endblock}

{x quwhen applicable has 24}

* Date Missing

{x endblock}

{x quwhen applicable has 25}

* Evidence of insurability (EOI) is required to complete your life insurance enrollment

{x endblock}

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

Sincerely,

NDPERS Benefits Division