{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: FORM REQUEST**

Dear {stdOCSalutation}:

The following employees are listed on the enclosed Record of Service form that you submitted to NDPERS. To date, we have not received an election from the employees indicating their determination to participate or waive participation in the {qu plan} Plan. NDPERS will need an election from each listed employee. If one has already been completed, please send in a legible copy.

|  |  |
| --- | --- |
| **Member Name** | **SSN – last 4** |
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**FORM DESCRIPTION**

{x quwhen form has 0}

* Employee’s Membership Application For Retirement SFN 2561

{x endblock}

{x quwhen form has 1}

* Agreement/Waiver of Participation For Optional Retirement SFN 17627

{x endblock}

{x quwhen form has 2}

* Waiver of Participation

{x endblock}

{x quwhen form has 3}

* NDPERS Group Health Application

{x endblock}

{x quwhen form has 4}

* Waiver of Health Participation

{x endblock}

{x quwhen form has 5}

* Life Insurance Enrollment/Change SFN 53803

{x endblock}

Please return the requested form(s) by {qu RequestedFormDueDate}.

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

Sincerely,

NDPERS Benefits Division