{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

Dear {FullName}:

As requested, below is your Organization Id replacement card. Please keep this card in a safe place as you will need it when accessing your account via web self-service, telephone, or written communication.

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

**North Dakota Public Employees Retirement System (NDPERS)**

|  |  |
| --- | --- |
| Name: | **{FullName}** |
| Contact ID: | **{ContactId}** |
| Organization ID: | **{stdOrgCodeId}** |
| Employer Type: | **{EmployerType}** |
|  |  |
| Contact Role(s): | |  | | --- | | **{tb tblAllContactRoles}** | |