{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: LEVEL SOCIAL SECURITY BENEFIT OPTION**

Dear {stdMbrSalutation}:

This letter is to advise you that your monthly pension payment under the Level Social Security Income option that you chose at the time of your retirement will be reduced effective

**{dateofmonthlybenefitchange}**.

With your current deductions, your ***estimated*** payment would be as follows:

|  |  |
| --- | --- |
| Gross Benefit | {GrossBenefitestimate} |
| Federal Income Tax:: | {FederalIncomeTaxAmountestimate} |
| ND State Income Tax: | {NDStateIncomeTaxAmountestimate} |
| NDPEA Dues: | {NDPEADuesestimate} |
| AFPE Dues: | {AFPEDuesestimate} |
| Health Insurance: | {HealthInsuranceAmountestimate} |
| Life Insurance: | {LifeInsuranceAmountestimate} |
| Dental Insurance: | {DentalInsuranceAmountestimate} |
| Vision Insurance: | {VisionInsuranceAmountestimate} |
| Long Term Care: | {LTCInsuranceAmountestimate} |
| Miscellaneous Deductions: | {MiscellaneousDeductionsAmountestimate} |
| Net Monthly Benefit | {NetPaymentAmountestimate} |

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

Sincerely,

NDPERS Benefits Division