{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE:** **{PLANNAME} PLAN PREMIUMS**

Dear {stdMbrSalutation}:

ndpers discovered an error regarding the {plan} premium you are being charged {qu Explanation}.

The error caused you to be undercharged for insurance coverage as described below:

|  |  |  |
| --- | --- | --- |
| **Month** | **Charged** | **Correct Payment Amount** |
| {tb tblIBSDetail} |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total | {TotalInsurancePremium} | {TotalCorrectedAmount} |

You have been undercharged a total of **{RecoveryAmount}**.

The laws governing NDPERS state: *An individual who underpays premiums is liable to pay those premiums upon receiving a request for repayment and an explanation of the amount due from the executive director. If not the result of any wrongdoing, negligence, misrepresentation, or omission by the individual, then the individual must make arrangements within sixty days of receiving written notification to either pay by lump sum or installments. The installment payment schedule is subject to approval by the executive director. If repayment arrangements are not in place within sixty days of the date of the written request for repayment, the executive director shall authorize payment to be made in three equal installments, using the same payment method the individual has authorized for paying current monthly premiums.*

A person not satisfied with the repayment arrangements made under this policy may appeal in writing to the NDPERS board. The written request must explain the basis of the appeal and must be received in the office within sixty days of the date of this notice. The board may release a person from liability to repay an underpayment, in whole or in part, if it determines:

1. The underpayment is not the fault of the recipient; or
2. It would be contrary to equity and good conscience to collect the underpayment.

If you do not select one of the above options within 60 days of the date of this letter, the {RecoveryAmount} will be charged to your billing in three (3) equal installments. Please complete and return the enclosed “Memorandum of Understanding” by {qu DueDate} to inform us of your repayment option.

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

Sincerely,

NDPERS Accounting Division

Enc. Memorandum of Understanding

**MEMORANDUM OF UNDERSTANDING**

**INSURANCE UNDERPAYMENT**

**Name:** {stdMbrFullName}

**Member Id:** {stdMbrPERSLinkID}

This memorandum of understanding is confirmation that {stdMbrFullName} will accept the following election to pay {RecoveryAmount} in group insurance premiums that was less than the premiums that should have been in effect.

Choose an option:

**\_\_\_\_** Pay a lump sum amount of {RecoveryAmount} payable by {qu DueDate}.

**\_\_\_\_** Pay a monthly payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ effective {qu DueDate}. This amount will continue for \_\_\_\_\_\_\_\_\_\_ months. (Subject to the approval of the NDPERS Executive Director). Monthly payments can be no less than $50.00 per month.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Signature Date