{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: STATEMENT OF EARNINGS – CASE #** **{ CaseID }**

Dear {stdMbrSalutation}:

In part, your disability was approved based on you being unable to engage in any substantial gainful activity due to a physical or mental impairment expected to result in death or which will last or has lasted for a continuous period of at least twelve months. Substantial gainful activity is based your potential for earning at least { ComparableEarningsPercentage}% of your pre-disability earnings. Your pre-disability earnings were ${ ComparableEarnings} a month; { ComparableEarningsPercentage }% of this amount equals ${ AmountofComparableEarningsPercentage }.

If the return to work exceeds the { ComparableEarningsPercentage }% of former wages for the nine (9) month or more return, a member’s disability benefit will be suspended and the disability eligibility must be recertified by the NDPERS medical consultant.

Please complete the enclosed Statement of Earnings SFN 53157 as soon as possible and return in the enclosed stamped envelope.

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

Sincerely,

NDPERS Benefits Division