{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: INSURANCE PAYMENT**

Dear {stdMbrSalutation}:

We are unable to process your {qu Plan} Insurance payment for the following reason(s):

{x quwhen Reason has “0”}

* Your check enclosed is unsigned; please sign and return with the billing form.

{endblock}{x quwhen Reason has “1”}

* Your check is made out to someone other than NDPERS. Please correct and return with the billing form.

{endblock}{x quwhen Reason has “2”}

* Your check was not enclosed with the billing form. Please enclose a check for the amount due with the billing form.

{endblock}{x quwhen Reason has “3”}

* We are unable to accept cash. Please return the billing form with the amount due using a check or money order.

{endblock}{x quwhen Reason has “4”}

* We are returning the enclosed material sent to us in error.

{endblock}{x quwhen Reason has “5”}

* We are returning your check for completion. Please fill in the incomplete blanks and return with the billing form.

{endblock}{x quwhen Reason has “6”}

* The Insurance Contract was cancelled because payment was not received in a timely manner. Your check is enclosed.

{endblock}

For your convenience, we have enclosed a self-addressed return envelope. If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Accounting Division

Enclosure - Envelope