{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: NDPERS LIFE INSURANCE**

Dear {stdMbrSalutation}:

At the time of your retirement you elected to retain the following levels of life insurance coverage:

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of Coverage** | **Coverage Amount** | **Premium Amount** | **Effective End Date** |
| {tb tblCoverages} |  |  |  |

According to our administrative rules, the employee, dependent and spouse supplemental coverage may only be retained to age 65. Therefore, we are writing to notify you that all supplemental coverage has been cancelled effective on the above date. You are eligible to retain your Basic Life insurance of $1,300. The monthly premium of {BasicPremium} will continue to be withheld from your monthly pension payment. If you wish to cancel your basic life coverage, you must do so in writing. Requests must be received by the 15th of the month to cancel coverage effective the 1st day of the following month.

Enclosed is a Conversion Information Request form if you wish to apply directly to the life insurance carrier to continue your supplemental coverage and to obtain premium rate information. The deadline for filing the form is { EffectiveEndDate}. If you have questions relating to the conversion or premium information, you will need to contact the carrier directly.

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

Sincerely,

NDPERS Benefits Division

Enclosure – Application for Conversion of Group Life Insurance