{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: CONTINUATION OF GROUP** **{PLANNAME} PLAN (COBRA)**

Dear {stdMbrSalutation}:

The NDPERS office has received your application to continue your {PlanName} plan for the {qu 18or36Months} COBRA period.{quwhen DentalAndVisionOnly has “0”} Please note that there are no provisions to continue the insurance beyond the {qu 18or36Months}.

{endblock}

Your monthly premium is {MonthlyPremium}. Your coverage begins {CoverageBeginDate} and will end {CoverageEndDate}. Premiums are due the first of each month. Write “{PlanName}” in the memo section of your check. **No further notice** will be given on payments due. Failure to remit your premium by the due date will result in the loss of {PlanName} coverage. **PLEASE DO NOT MAKE ADVANCED PREMIUM PAYMENTS. ONLY SEND THE CURRENT MONTH’S PREMIUM**. Please make your check payable to NDPERS and mail it to the following address:

NDPERS

PO Box 1657

Bismarck ND 58502-1657

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

Sincerely,

NDPERS Benefits Division