{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: BENEFIT VERIFICATION**

Dear {stdMbrSalutation}:

Recently this office received the enclosed request from the Department of Veterans Affairs. Regulations governing the administration of NDPERS prohibit us from releasing information on a member's account unless we receive a written request signed by the member or by a legally appointed representative.

If you wish to supply the enclosed information to the Department of Veterans Affairs, please use the enclosed return envelope they have provided.

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

Sincerely,

NDPERS Benefits Division

Enclosure - Dept of VA Information Request

Envelope