

FEHB ELIGIBILITY ACKNOWLEDGEMENT AND INSTRUCTIONS

As a technician either newly eligible for coverage under the Federal Employees Health Benefits (FEHB) Program or newly eligible for payment of the government portion of the FEHB premium due to changes in FEHB regulations, you are asked to acknowledge that you understand your new eligibility by initialing each item below and signing at the bottom.

_____ I understand that I have 60 days from the date of this notice to enroll in FEHB. If I do not enroll during that time period, I will be deemed to have waived coverage and will not be eligible to enroll in FEHB until the next open season, unless I experience a Qualifying Life Event (QLE) which allows for enrollment

_____ I understand that if I am already enrolled in FEHB and paying both the government and employee portions of the premium, I must re-enroll (even if I do not wish to change FEHB plans), in order to receive the government portion of the premium

_____ I understand that, my premium will be deducted from my pay on a pre-tax basis, which is known as Premium Conversion (PC). Participation in PC limits my opportunity to change to self-only or cancel my FEHB coverage to during open season or due to a QLE which allows for the change. I have 60 days from the date of this notice to waive participation in PC by filling out and submitting the attached PC waiver form.

_____ I understand that it is my responsibility to research available FEHB plans and to determine which plan is appropriate for my medical and financial circumstances. Once my FEHB election is effective, I may only change or cancel coverage during the annual open enrollment period or due to a QLE, unless I have waived PC.

_____ I understand that my FEHB election will be effective on the first day of the pay period following my Human Resources Office receipt of the form, or my electronic election (as appropriate) and that follows a pay period in which I am in pay and duty status

_____ I understand that, while coverage begins on the effective date, it may take up to several weeks for the FEHB carrier to process my enrollment and issue my FEHB cards. In the interim, I may have to pay out of pocket for health care costs and submit the claim for reimbursement once I am active in the carrier's system.

Name (please print): _____

Signature: _____ Date: _____