

**DEPARTMENT OF STATE
FEDERAL EMPLOYEE'S GROUP LIFE INSURANCE STATUS RECORD**

PART A

_____ This is to certify that since March 1, 1981, I have not waived my Federal Employee's Group Life Insurance during employment in previous Government Agency. Or, if such a waiver has been filed, it was cancelled by submission of Form SF-2822. Request for Live Insurance.

_____ This is to certify that since March 1, 1981 I have signed a waiver of Federal Employees' Group Life Insurance which remains uncanceled with:

_____ on _____
Name of Agency Date

_____ This is to certify I have signed, a waiver of Federal Employees' Group Life Insurance, but am now in the process of submitting SF-2822, request for Insurance.

_____ THIS IS TO CERTIFY THAT IF I DO NOT ENROLL IN A LIFE INSURANCE PLAN WITHIN 31 DAYS FROM THE DATE OF MY APPOINTMENT, I WILL AUTOMATICALLY BE COVERED UNDER BASIC INSURANCE, OR IF I SIGN A WAIVER FROM BASIC FEGLI OR DECLINE TO ELECT OPTIONAL INSURANCE, I CANNOT OBTAIN IT FOR AT LEAST ONE YEAR, AND THEN ONLY IF I AM UNDER AGE 50 AND FURNISH SATISFACTOR EVIDENCE OF INSURABILITY (SF-2822).

PART B

_____ This is to certify that I am interested in health insurance with the Department of state and wish to receive information and applicable forms to enroll in the Federal Employees Health Benefits (FEHB).

_____ This is to certify that I have received the information and forms needed in order for me to enroll in FEHB.

_____ This is to certify that my health insurance is to be transferred from my previous Federal Agency:

_____ on _____
Name of Losing Agency Date

_____ THIS IS TO CERTIFY THAT IF I DO NOT ENROLL IN A HEALTH PLAN WITHIN 60 DAYS FROM THE DATE OF MY APPOINTMENT, OR IF I CANCEL MY ENROLLMENT. I CANNOT ENROLL UNTIL OPEN SEASON OR OCCURANCE OF AN EVENT WHICH PERMITS ENROLLMENT.

Signature of Employee Date

Signature of Personnel Officer Date