

ATTACHMENT 7
SAMPLE LETTER DENYING WAIVER OF TIME LIMIT

NAME
ADDRESS

Dear:

This is in response to your request to waive the time limit for making a coverage election under the Federal Erroneous Retirement Coverage Corrections Act (FERCCA). We must deny your request.

[Briefly describe the situation – for example: In our letter dated (insert date) we stated that you must submit documentation to show that you exercised due diligence to make your election within the time limit and that circumstances beyond your control prevented you from doing so. (Describe the documentation submitted and state why it does not meet circumstances beyond control).] Therefore, we deny your request.

You may request reconsideration of this decision to the Office of Personnel Management. Your request must be filed within 30 calendar days from the date of this letter. Your request should be sent to:

U.S. Office of Personnel Management
FERCCA Reconsideration Request
Room 4351
1900 E Street, NW
Washington, DC 20415-3300

If you have any questions, contact *(insert name and phone number of contact)*.

Sincerely,