Attachment to SF 2801-2
Spouse's Consent to Survivor Election

Part 1 – To Be Completed by the Current Spouse of Retiring Employee

I have freely consented to the survivor annuity election described on the attached SF 2801-2, Spouse's Consent to Survivor Election.

I understand that I will not be eligible to continue coverage based on my spouse's enrollment in the Federal Employees Health Benefits (FEHB) Program if my spouse dies because I have consented to his/her election to provide no survivor annuity.

I understand, however, that consenting to no survivor annuity does not affect my right to continue FEHB if I am eligible to do so based on my own employment. If I am covered under my spouse's self and family enrollment at the time of his/her death, and I am:

- an employee eligible for FEHB coverage, I may enroll within 60 days of my loss of coverage due to my spouse's death.
- a retiree who met the requirement of having been enrolled or covered under the FEHB Program for the 5 years immediately preceding my retirement or since my first opportunity, I may enroll within 60 days of my loss of coverage due to my spouse's death.

Name (Type or print)	Signature (Do not print)	Date

Part 2 – To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this

The_____day of _____, 20 ____, at _____
(Month) *Year)* *(City and State)*

(SEAL)	Signature
	Expiration date of commission, if Notary Public