

**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 be ineligible to continue coverage under the Federal Employees Health Benefits (FEHB) Program if my spouse dies because I have consented to his/her election to provide no survivor annuity.

Name (Type or print)	Signature (Do not print)	Date
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**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 _____	
<i>(Month) (Year) (City and State)</i>	
( SEAL )	Signature
	Expiration date of commission, if Notary Public