

AD-2003

(07-19-00)

U.S. DEPARTMENT OF AGRICULTURE

**ATTACHMENT TO SF-2801-2,
SPOUSE'S CONSENT TO SURVIVOR ELECTION**
(Required if No Survivor Annuity is Elected by Retiring Employee)

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 form 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

PART 2 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 1 above 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 _____, _____ at _____
(Month) (Year) (City and State)

(SEAL)

Signature

Expiration Date of Commission, if Notary Public

The person named in Part 1, must return this completed form along with the completed SF-2801-2 to: