

**FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB)
OPTIONS WHILE IN LEAVE WITHOUT PAY
OR INSUFFICIENT PAY STATUS**

Name of Employee: _____ Date: _____

You must respond within 31 days (45 days for employees residing overseas) of this notice or your FEHB enrollment will automatically terminate.

Each pay period you are enrolled in the FEHB Program, you are responsible for payment of the employee share of the premium. When you enter leave without pay status, or your pay is insufficient to cover the premium, you must

- terminate the enrollment; or
- continue the enrollment and
 - agree to direct pay the premium (not pre-tax premium); or
 - incur a debt to be paid upon return to pay status (on pre-tax basis through withholding of your salary check).

TERMINATING THE ENROLLMENT

If you elect to terminate your enrollment (or the enrollment automatically terminates), the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to you for an additional 31 days. During the 31 days, you and your covered family members may convert to an individual contract with your insurance carrier. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay becomes sufficient to cover your premium, you must reenroll within 60 days if you want FEHB coverage.

CONTINUING THE ENROLLMENT

If you elect to continue your coverage, you must elect to pay the premiums directly, or to incur a debt in the amount of the unpaid premiums. If you elect to pay directly, mail a check or money order payable to DFAS CL8552. Include on the check your name, social security number, and health benefit code. Mail to: DFAS Cleveland, P.O. Box 99559, Cleveland, OH 44199.

If you elect to incur a debt, or if you elect to pay directly but fail to pay the entire amount due, you will receive a notice stating the total amount due. The notice will be sent when you return to pay status, your pay becomes sufficient, or you separate from employment. By electing to continue coverage you agree to repay the resulting debt in full and to allow the debt to be collected by withholdings from any salary payments to you from the Federal Government. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System or Federal Employees Retirement System, or any other source normally available for the recovery of a debt due the United States.

Please complete the attached form, check the appropriate space(s), sign, and return to the Benefits & Payroll Liaison Branch, 31 Center Drive, Room B3C23, Bethesda, MD 20892-2215 Attention: _____ (HR Assistant Name). **If you do not return the attached form within 31 days after the date of this notice (45 days if you are overseas), your health enrollment will automatically terminate retroactive to your last premium payment.**

If you have any questions, please contact us at (301-496-4556).

OHR/WRD/BPLB
10/20/2010

NAME (please print clearly): _____

SSN: _____ Institute/Center: _____

After reading and understanding the attached information, I elect to:

Continue my health enrollment. I will (Check one):

Submit direct payments (not pre-tax premium).

Incur a debt (pre-tax premium).

Terminate my health enrollment. I understand the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to me for an additional 31 days. During the 31 days, I may convert to an individual contract with my insurance carrier. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. I further understand that I must reenroll within 60 days of my return to pay and duty status, if I want FEHB coverage.

(Signature)

(Date)

Return completed and signed agreement to:

Benefits & Payroll Liaison Branch, OHR
DHHS/National Institutes of Health
31 Center Drive, Room B3C23
Bethesda, MD 20892-2215