

ACKNOWLEDGMENT OF REQUIREMENT TO SUBMIT HEALTH/LIFE INSURANCE FORMS

Name		Center		
	Health Insurance: You are eligible to enroll in the Federal Employees' Health Benefits (FEHB) plan during the first 60 calendar days of your Entrance on Duty (EOD) date. If you miss the window of opportunity, you cannot enroll in a plan until the next open season or until you experience a qualifying life event. To enroll, complete Parts A, C, D, and H of your Standard Form (SF) 2809, Health Benefits Election form. Coverage will be effective the first day of the next pay period after you are in pay and duty status and the form has been submitted in the Entrance on Duty System (EODS) and approved.			
	IF YOU DO NOT ELECTRONICALLY SIGN AND SUBMIT THE SF-2809 IN EODS DURING THE 60 CALENDAR DAY ENROLLMENT PERIOD, YOU WILL NOT HAVE FEHB HEALTH INSURANCE COVERAGE.			
	Life Insurance: You are automatically covered by the Federal Employees' Group Life Insurance (FEGLI) basic option on your first day in pay and duty status and the premium will be deducted from your pay unless you waive coverage. You are eligible to choose additional options during the first 60 calendar days of your EOD. Optional insurance is effective the day you submit the SF-2817, Federal Employees' Group Life Insurance Election form, in EODS and is approved if you are in pay and duty status on that day. If you do not elect Optional FEGLI insurance within 60 calendar days from your EOD date, it will be considered to have been waived. You cannot enroll in additional options until you experience a qualifying life event or wait until one full year after the last date of waiver, complete a full underwriting application and physical exam, and apply directly to the Office of FEGLI by submitting the SF-2822, Request for Insurance, or until the next open season. FEGLI's open season is rare and does not occur on an annual basis. To elect Optional coverage, please complete Parts 2, 3, and 4 of your SF-2817. If you choose to waive life insurance coverage, please complete Parts 2 and 5 of your SF-2817.			
	IF YOU DO NOT ELECTONICALLY SIGN AND SUBMICOVERAGE IN EODS DURING THE 60 CALEND AUTOMATICALLY COVERED BY BASIC LIFE INSURAITY YOUR PAY.	DAR DAY	/ ENR	OLLMENT PERIOD, YOU WILL BE
	NASA Employee Benefits Association (NEBA): You adays of your EOD. NEBA is a NASA-chartered, non-profinsurance (METLIFE). Policies offered are MetLaw, Au offered under Life Insurance are Will Preparation, Estate NEBA, please visit neba.nasa.gov.	fit employ ito, Home	ee asso , Life,	ociation offered through Metropolitan Life and Critical Illness Insurance. Policies
	My signature below certifies that I have read the above a insurance and NEBA enrollment and that all forms napproved.			•
Employee Signature				Date