

Notice of Obligation to Pay Health Benefits Premiums While in Nonpay Status

Please check the appropriate box below, sign to acknowledge receipt of this information, and return this notice to:

**USDA, MRP, HR
ATTN: Benefits Specialist
Butler Square, 100 N. 6th St.
Minneapolis, MN 55403-1588**

Or FAX to: (612) 336-3545

After reading and understanding the FEHB Options memo, I elect to:

CONTINUE ENROLLMENT (check one):

Incur a debt and make payments when I return to pay status
(pretax benefit unless I waived coverage).

Submit direct payments to the National Finance Center
(no pretax benefit).

OR

TERMINATE ENROLLMENT

Signature: _____

Date: _____

Printed Name: _____

SSN: _____