

## 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: \_\_\_\_\_

Specialist Action, then File OPF - Right