

FEDERAL EMPLOYEE
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 pay the premium or incur a debt or prepay premiums (optional).

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 AND AGREEING TO PAY THE PREMIUM: 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, or to pre-pay premiums (optional). If you elect to pay directly, mail a check or money order payable to (name) . Include on the check your name, social security number, a note that the payment is for "FEHB premium", and the pay period for which the payment is being made. Mail to: (address).

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, up to (amount) . 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.

If you elect to pre-pay your premiums, the amount you prepay in advance may either be deducted from your pay or you may pay out-of-pocket. Please check the appropriate space(s) below, sign, and return this notice to your employing office at:

Civilian Personnel Advisory Center (CPAC)

Bldg. 470, Room 2205

140 Replacment Ave

Fort Leonard Wood, MO 65473

After reading and understanding the above, I elect to:

- Continue the enrollment (Check one):

_____ Submit direct payments

_____ Incur a debt

_____ Pre-pay premiums

(Signature) (Date)

- Terminate the enrollment.

(Signature) (Date)