

Template Letter for Inclusion in New Retirement Applications

Office of Personnel Management
Retirement Operations Center
Retirement Development Section
P.O. Box 45
Boyers, PA 16017-0045

Dear Retirement Development Section:

Our office has reviewed the Federal Employee Health Benefits (FEHB) health insurance elections and the Federal Employee Group Life Insurance (FEGLI) life insurance elections on file for the below separating employee:

Name of Applicant:

Social Security Number (or CSA Number, if known):

Date of Agency Separation:

As part of this review, our office has consulted the employee's electronic Official Personnel Folder (eOPF), stored hard-copy benefits election forms, and computer systems that store evidence of certain paperless elections. We certify to the completeness of the following information.

Recent FEHB History (SF-2809 or SF-2810)

Form Number	Election Date	Effective Date	Health Carrier Name	Plan Code	Document Source	Basis for Election (Open Season or Qualifying Life Event)
SF-						
SF-						
SF-						
SF-						
SF-						

Recent FEGLI History (SF-2817)

Election Date	Effective Date	Basis for Election (Open Season or Qualifying Life Event)	Type of Insurance Elected (Basic, Option A, B, or C)

If you have any questions, you may contact [insert name of HR Specialist] at [insert telephone number], or [insert e-mail address].

Sincerely,

[Insert name and title of signature authority]