

## Notification Template

To: [Employee Name]  
From: [Servicing Personnel Office]  
Subject: Federal Health Insurance Enrollment Opportunity

To further the goal of providing affordable health insurance to Federal employees, the Office of Personnel Management (OPM) published a final rule (79 FR 62325) on October 17, 2014, modifying and expanding Federal Employees' Health Benefits Program (FEHB) enrollment eligibility to certain employees on temporary appointments and certain employees on seasonal and intermittent work schedules. Eligible employees receive the same government contribution towards the FEHB premium cost as do full-time permanent employees.

This memorandum serves as notification that you have been identified as an employee eligible to elect FEHB coverage based on meeting the eligibility requirements outlined below.

### Eligibility

Employees on temporary appointments limited to 1 year (or less) who have worked or are expected to work at least 90 days and have worked or are expected to work 130 or more hours (i.e., work and paid leave, as well as qualifying leave-without-pay hours<sup>1</sup>) per calendar month (equivalent to 30 hours per week);

OR

Employees under a seasonal or intermittent work schedule (regardless of appointment type or length of appointment) who have worked or are expected to work at least 90 days and have worked or are expected to work 130 or more hours (i.e., work and paid leave, as well as qualifying leave-without-pay hours) per calendar month (equivalent to 30 hours per week).

As a current employee deemed newly eligible to elect FEHB coverage, you will have **60 days from the date of this notice** to elect enrollment in Federal health insurance by submitting Standard Form (SF) 2809, "Health Benefits Election Form" to your SHRO (Servicing Human Resources Office). **Note: The SHROs may have to change the number of days employees have to submit their SF-2809, specifically if they are newly eligible due to their appointment extending beyond 90 days or more.** Coverage will become effective on the first day of the pay period after the SHRO receives your form

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<sup>1</sup> Under revised 5 CFR 890.102(j)(4), "qualifying leave without pay hours" means hours of leave without pay for purposes of taking leave under the Family and Medical Leave Act; for performance of duty in the uniformed services under the Uniformed Services Employment and Reemployment Rights Act of 1994 (38 U.S.C. 4301 et seq.); for receiving medical treatment under Executive Order 5396 (July 7, 1930); and for periods during which workers compensation is received under the Federal Employees Compensation Act, 5 U.S.C. Chapter 81.

SF-2809, but no earlier than January 11, 2015. Current temporary employees who are already enrolled in FEHB (i.e., have completed 1 year of current continuous employment), but are not receiving the government contribution towards the FEHB premium, will not need to complete a new SF-2809. Your records will be updated to allow for the government contribution towards the FEHB premium.

Employees new to the Federal Government will have **60 days after the effective date of their appointment** to elect FEHB coverage by submitting an SF-2809 to their SHRO.

#### FEHB Plan Information

Information regarding FEHB Health Care plans may be found on OPM's website. This website may be used to compare the costs, benefits, and features of different plans.

#### Employee Share of Premium

For 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 have the following options: (1) continue enrollment and agree to pay the premium; (2) continue enrollment and incur a debt; or (3) terminate your FEHB enrollment. You will be notified as soon as your SHRO becomes aware that premium payments cannot be withheld from your salary because you are in leave-without-pay status or your pay is insufficient to cover your premiums.

#### Receipt of Notification

By signing and dating this memorandum, I certify that I have read and understand my eligibility to enroll in FEHB and that I must meet the specific time frames defined above to elect FEHB coverage. I further understand that upon enrollment, I am responsible for payment of the employee share of the FEHB premium.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

If you have any questions about your FEHB enrollment eligibility, please contact your SHRO's Benefits Specialist.