

**ACKNOWLEDGEMENT OF REQUIREMENT TO SUBMIT
HEALTH/LIFE INSURANCE FORMS**

NAME _____ MAIL CODE _____
Please Print

- **Health Insurance:** You must choose your health insurance plan during the first 60 days that you are employed. You cannot enroll in a plan after that time, except under special circumstances, or during open season. To enroll, complete your registration form (SF 2809), Parts A, B, and F; coverage will be effective at the beginning of the next pay period following receipt of the form. If you choose not to enroll, complete Parts A, D, and F. Return completed form to the Customer Service desk, Bldg. 12, Room 105, or mail to Code AH6. **IF YOU DO NOT RETURN FORM 2809 DURING YOUR 60-DAY ENROLLMENT PERIOD, YOU WILL HAVE NO HEALTH INSURANCE COVERAGE.**

- **Life Insurance:** You are automatically covered by the Federal Employees Group Life Insurance basic option on your first day of work, and the premium will be deducted from your biweekly pay, unless you decline coverage. You may choose additional options during the first 31 days that you are employed. These options will be effective at the beginning of the next pay period following receipt of the form. You cannot enroll in additional options after that time except under special circumstances. To enroll, complete your life insurance election form (SF 2817),
- Parts 2, 3, and 4. If you want no life insurance coverage at all, complete Parts 2 and 5. Return completed form to the Customer Service desk, Bldg. 12, Room 105, or mail to Code AH6. **IF YOU DO NOT RETURN FORM SF 2817 DURING YOUR 31-DAY ENROLLMENT PERIOD, YOU WILL BE COVERED BY BASIC LIFE INSURANCE AND THE PREMIUM WILL BE AUTOMATICALLY DEDUCTED FROM YOUR PAY.**

I have read the above and understand the enrollment period for health and life insurance and that all forms must be returned to the AH6/Human Resources Services Branch.

Signature of Employee

Date