

FEDERAL EMPLOYEE HEALTH BENEFITS
INFORMATION

If you are currently enrolled in the Federal insurance program, the health insurance information is reflected on your annuity estimate. Both the amount presently being deducted from your pay check each pay period and the amount that will be deducted *monthly* in retirement for the same plan.

If you elect to continue health benefits into retirement under FEHB, you are not allowed to change plans or options until the next FEHB open season unless you have a qualified life status change. Please note: retirement is not considered a qualified life status change. A change to the Self Only or Family option of your current plan is allowed. To make this change, complete the following OPM2809, return with your retirement package and the form will be forwarded to OPM for processing.

There is no form required by you to continue your current health insurance coverage into retirement. Your counselor will prepare the FEHB transfer memo when your retirement is finalized.

If you wish to change to the self only option or cancel/suspend your FEHB coverage at retirement, please discuss with your counselor.



ACTION REQUIRED :

Are you currently covered or will you be covered by a Federal Health Benefit plan as a dependent of a Federal employed spouse?

YES _____ NO _____

If yes, please provide your spouse's employment information:

NAME _____

EIN (If Postal employee) _____

Employing Federal Agency _____

ADDITIONAL ACTION REQUIRED: If you are currently covered by your Federal employed spouse, please submit proof of that coverage for five years prior to your retirement date (Example: SF2809, Postalease worksheet or other enrollment documents, etc).

Return completed form with your retirement package.