

ELECTION FORM

(FEDERAL EMPLOYEE HEALTH BENEFITS (FEHB) OPTIONS WHILE IN LEAVE WITHOUT PAY)

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 nonpay 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.

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 a non-group contract. 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 five years of continuous coverage. When you return to a pay and duty status, you may re-enroll within 60 days of returning to a position in which you are eligible for FEHB coverage.

CONTINUING THE ENROLLMENT AND AGREEING TO PAY THE PREMIUM: If you elect to continue your coverage, you may elect to pay the premiums directly or to incur a debt in the amount of the unpaid premiums. If you elect to pay directly, payments should be made every two pay periods by check or money order payable to the **Deputy Director for Finance** and mailed to the following address: **DFAS-Cleveland, PO Box 998005, Cleveland, OH 44199**. Include a note that the payment is for your FEHB premium, the pay periods for which the payment is being made, and include your name and Social Security number on the check or money order and all correspondence. 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 the amount owed. If the amount due cannot be withheld in full from your salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), or any other source normally available for the recovery of a debt due the United States.

Please check the appropriate space(s) below, sign, and return this notice to your local Civilian Personnel Advisory Center (CPAC) or Human Resources Representative.

Name: _____

SSN: _____ Date: _____

After reading and understanding the above, I elect to: (Check one):

(1) Continue the enrollment _____

Submit direct payments _____ **OR**

Incur a debt _____

Signature: _____

Date: _____

(2) Terminate the enrollment _____

Signature: _____

Date: _____

Refer questions to: 1 (877) 276-9287. Forms may be obtained from the ABC-C website at <https://www.abc.army.mil>.