

Name (Last, first, MI)

Social Security No.

Date (MM/DD/YYYY)

Please read the Privacy Act Statement on bottom of Page 2

**YOU MUST RESPOND WITHIN 31 DAYS**

**You must return this form to your local personnel office WITHIN 31 DAYS of the above date. If you do not respond,** your FEHB coverage will continue for up to 365 days of leave without pay (LWOP) and, unless you qualify for benefits while absent to perform active duty military service (see below), **you will be invoiced and obligated to pay** for the employee portion of the premiums due.

The FEHB program regulations in Part 890 of Title 5, Code of Federal Regulations, state that you may continue your FEHB coverage for up to 365 days while you are on LWOP, provided that you continue to pay the employee share of the premiums for this coverage. At 365 days in LWOP status, the FEHB coverage terminates. However, **if you are absent to perform active military service, you may qualify for special benefits** (see Management Instruction (MI) EL-520-2005-I, *Health Benefits and Life Insurance Coverage During Military Service.*)

**When you enter LWOP status, you must decide whether to:**

- **Terminate your FEHB enrollment** effective the end of the last pay period in which you received pay; OR
- **Continue your current FEHB enrollment** and, unless you qualify for the full payment of FEHB premiums by the Postal Service due to your military service, agree to pay the premiums or to repay any debt to the Postal Service you incur.

**If you do not respond, your FEHB coverage and your obligation to pay FEHB premiums will continue.**

**I. CONSIDER YOUR CHOICES****TERMINATING YOUR FEHB ENROLLMENT**

**If you elect to terminate your FEHB enrollment,** your local personnel office will process your termination (via SF 2810, *Notice of Change in Health Benefits Enrollment*) effective the end of the last pay period in which premiums were withheld from pay. However, 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 an individual contract with your current insurance carrier. 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 5 years of continuous coverage.

**If you wish to re-enroll in an FEHB plan,** you must complete SF 2809, *Health Benefits Election Form*, when you return to pay and duty status or at the end of the first pay period your pay becomes sufficient to cover your premium, and **submit it to your local personnel office within 60 days of returning to duty.** If you do not enroll within that 60-day period, to enroll you must wait for another opportunity to begin your enrollment, such as open season or a qualifying life event. Also, if you do not enroll within that 60-day period, the period between your return to duty and your reenrollment in FEHB will be considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement.

**NOTE:** Employees who have terminated FEHB coverage, are returning from LWOP for active duty military, and are exercising reemployment rights do not need to complete a new SF 2809.

**CONTINUING YOUR FEHB ENROLLMENT**

**Unless you qualify for the full payment of FEHB premiums by the Postal Service due to your military service, you agree to pay the premiums or to repay any debt to the Postal Service you incur.**

**If you DO NOT QUALIFY** for the full payment of FEHB premiums by the Postal Service due to your **military service** and you elect to continue your FEHB coverage, you are responsible for the payment of the employee share of the premiums. You must pay the premiums directly to the Eagan Accounting Service Center (ASC) or otherwise incur a debt in the amount of the unpaid premiums. You will receive a bill from the Eagan ASC every five pay periods. If you incur a debt, or if you pay directly but fail to pay the entire amount due, the amount will be recovered from your pay upon return to pay status or as explained below.

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 Postal Service. If the amount due cannot be withheld in full from your salary while you are an active employee, it will be recovered when you separate/retire 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.

**If you QUALIFY** for the full payment of FEHB premiums by the Postal Service due to your **military service**, the Postal Service will assume the full cost of your premiums for the time you are performing **qualifying service** for up to 24 months. To benefit fully from your FEHB entitlement, you need to be aware of your options before military service begins so that you can make appropriate choices (see MI EL-520-2005-I, *Health Benefits and Life Insurance Coverage During Military Service.*)

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## II. MAKE YOUR CHOICE

I have read and understand the information on both sides of this form and I choose to:

- Terminate my FEHB enrollment** effective at the end of the last pay period in which premiums were withheld from my pay (personnel office will terminate using SF 2810).

I understand that:

- If I choose to terminate my FEHB coverage and I want to **reenroll** in the FEHB program, I must **submit a new SF 2809, Health Benefits Election Form**, to my local personnel office within 60 days of my return to duty.
- If I do not enroll within that 60-day period, to enroll I **must wait** for another opportunity to begin my enrollment, such as open season or a qualifying life event.
- If I do not enroll within that 60-day period, the period between my return to duty and my reenrollment in FEHB will be **considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement.**

- Continue FEHB enrollment** and, unless I qualify for the full payment of FEHB premiums by the Postal Service due to my military service, pay the employee portion of the FEHB premiums directly to the USPS as invoiced by the Eagan Accounting Service Center, or incur a debt.

**NOTE: Payroll deduction is the only way premiums can be paid on a pre-tax basis.**

**When my LWOP status ends, I will notify** my local personnel office.

**NOTE:** Employees who have terminated FEHB coverage, are returning from LWOP for active duty military service, and are exercising reemployment rights do not need to complete a new SF 2809. Your personnel office will reinstate your original FEHB coverage, and you will have 60 days after your return to civilian service to change your FEHB enrollment if you choose.

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Signature

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Date

## III. RETURN THIS FORM

Return this form to the following address within 31 days of receipt:

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**Privacy Act Statement:** Your information will be used to handle your health benefits enrollment. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

**Computer Matching:** Limited information may be disclosed to a Federal, state, or local government administering benefits or other programs pursuant to statute for purpose of conducting computer matching programs under the Act. These programs, include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.