

**U. S. DEPARTMENT OF STATE
INFORMATION ON INSURANCE BENEFITS**

Federal Employees' Group Life Insurance (FEGLI)

- I **have / have not** (circle one) signed a waiver of FEGLI since 1981.
- I understand that **if I do not enroll in FEGLI within 60 days** from the **effective date** of my appointment, **I will be covered automatically by Basic Insurance** and corresponding deductions will be withheld from my pay. If I choose to waive Basic Insurance or decline to elect Optional Insurance, I understand that I am ineligible for those coverages until:
- 1) one year has elapsed from the date of the waiver/declination, and
 - 2) the Office of FEGLI determines that I have furnished satisfactory medical evidence of insurability on form SF-2822.

Federal Employees Health Benefits (FEHB) Program

- I am enrolled in the FEHB Program with my **previous** Federal employer as follows:

Agency: _____
Plan Number: _____
ID Number: _____
Self or Family: _____

- I understand that **if I do not enroll in a health plan within 60 days** from the effective date of my appointment I cannot enroll until open season or occurrence of a Qualifying Life Event(QLE) which permits enrollment (described on pages 6-8 on SF-2809).

Federal Long Term Care Insurance Program (FLTCIP)

- I **am / am not** (circle one) enrolled in FLTCIP.
- I understand that my FLTCIP (Long Term Care) payroll deduction **will not** automatically switch over to my new agency. **To report my transfer and to continue through payroll deduction, I need to call 1-800-LTC-FEDS (1-800-582-3337), press option #3.**

Employee's Signature

Date

Personnel Officer's Signature