

ATTACHMENT 2 – FEHB INFORMATION AND CERTIFICATION MEMORANDUM

SUBJECT: FEHB Information and Certification Memorandum

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Social Security Number (SSN)

As instructed in BALxxx-xx, this memorandum is to notify OPM of the following information regarding transfer of the FEHB enrollment for the above employee.

\_\_\_\_ Employee retired and is eligible to continue FEHB into retirement. Full documentation for coverage during the 5 years of service immediately before retirement (or if less than 5 years, during all service in which the employee was eligible for FEHB) is not available. I certify the employee meets the requirements to continue coverage after retirement based on the following enrollment actions. All available documentation is included.

New Plan	Old Plan	Effective Date	Source of Documentation (SF 2809, Employee Express, CLER, etc.)

\_\_\_\_ Employee retired, and is eligible to carry FEHB into retirement. Employee was covered as a dependent under another FEHB plan for all or part of the 5 years of service immediately prior to retirement. Documentation is included.

\_\_\_\_ Employee retired, and is eligible to carry FEHB into retirement. Employee was covered under TRICARE/CHAMPUS either as the enrollee or a family member for all or part of the 5 years of service immediately prior to retirement. Employee was covered under FEHB on the date of retirement. Documentation is included.

\_\_\_\_ Employee retired after his/her open season change in enrollment was processed, but before the effective date. The SF 2809 is attached to the retirement package.

\_\_\_\_ Employee is eligible for a pre-approved waiver of the participation requirements for continuing FEHB into retirement as set forth in BAL 04-208.

\_\_\_\_ Other:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address