U. S. DEPARTMENT OF STATE INFORMATION ON INSURANCE BENEFITS

<u>Fed</u>	eral Employees' Group Life	Insurance (FEGL	$\overline{\mathbf{D}}$
	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:		
	 one year has elapsed from the date of the waiver/declination, and the Office of FEGLI determines that I have furnished satisfactory medical evidence of insurability on form SF-2822. 		
<u>Fed</u>	eral Employees Health Benef	its (FEHB) Progr	a <u>m</u>
	I am enrolled in the FEHB Program with my previous Federal employer as follows:		
	ID Number: Self or Family: I understand that if I do not e effective date of my appointr	nent I cannot enrol	olan within 60 days from the l until open season or occurrence of rollment (described on pages 6-8 on
Fed.	eral Long Term Care Insura	nce Program (FL	<u>ΓCIP)</u>
	I am / am not (circle one) en	rolled 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