ACKNOWLEDGEMENT OF REQUIREMENT TO SUBMIT HEALTH/LIFE INSURANCE FORMS

NAME	CENTER MAIL CODE
	se Print
60 days that you are plan until the next of complete your Stan Coverage will be et	e: You must choose your health insurance plan during the first e employed. If you miss the window of opportunity, you cannot enroll in a open season or until you experience a qualifying life event. To enroll, dard Form (SF) 2809, Health Benefits Election form, Parts A, C, D, and H. ffective at the first day of the next pay period after the SF-2809 is received at Services Center (NSSC). If you choose not to enroll, complete Parts A, E, and
	ES NOT RECEIVE THE SF-2809 DURING YOUR 60-DAY ERIOD, YOU WILL NOT HAVE HEALTH INSURANCE COVERAGE.
Life Insurance (FEG will be deducted from 2817, Federal Employer options during the from 1818 opportunity, you can be used to be use	You are automatically enrolled by the Federal Employees Group GLI) basic option on your first day in pay and duty status and the premium om your bi-weekly pay, unless you decline coverage by completing the SF-loyee Group Life Insurance Election form. You may choose additional first 60 days of your entry on duty date (EOD). If you miss the window of mot enroll in additional options until you experience a qualifying life event hual open season. FEGLI's open season is rare and does not occur on an a waive or cancel your life insurance and then later wish to elect coverage, year from the date of waiver to elect Basic, Option A, and/or Option B l, complete your SF-2817, Parts 2, 3, and 5. These options will be effective at the next pay period following receipt of the form. To enroll, complete your life form (SF 2817). Complete Parts 2, 3, and 4. If you want no life insurance applete Parts 2 and 5.
Print, sign, fax or mail your completed forms to: NASA Shared Services Center 1-866-779-6772 Attention: New Hire In-Processing C Road, Building 1111 Stennis Space Center, MS 39529	
IF THE NSSC DOES NOT RECEIVE THE SF-2817 DURING YOUR 60-DAY ENROLLMENT PERIOD, YOU WILL BE COVERED BY BASIC LIFE INSURANCE AND THE PREMIUM WILL BE AUTOMATICALLY DEDUCTED FROM YOUR PAY.	
My signature below certifies that I have read the above and understand the enrollment periods for health and life insurance and that all forms must be returned to the NASA Shared Services Center, Attention: New Hire In-Processing.	

Date

Employee Signature