

ACKNOWLEDGEMENT RECEIPT OF EMPLOYEE BENEFIT INFORMATION

Federal Employees Health Benefits (FEHB)

_____ I hereby acknowledge receipt of health benefit information and the Standard Form (SF) 2809,
Initial Health Benefits Election form. Additional information to include effective date of coverage on the
FEHB program can be found at www.opm.gov/insure/health.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

_____ In addition, I hereby acknowledge that if I desire dental and vision insurance coverage, I have 60
Initial days from the day I was appointed/converted, to complete the online/website FEDVIP
enrollment at www.benefeds.com. Otherwise, I will be considered ineligible. Additional
information on the FEDVIP program can be found at www.opm.gov/insure/health.

Federal Employees Group Life Insurance (FEGLI)

_____ I also hereby acknowledge receipt of the SF 2817, Life Insurance Election form, and understand
Initial that I will be automatically given basic life insurance unless I make a different election.
Additional information regarding the FEGLI program can be found at www.opm.gov/insure/life.

60-Day Time Limit on Elections

_____ I understand I have 60 days from the date I am hired to make FEHB, FEDVIP, and FEGLI elections.
Initial

_____ I also understand that I have to complete the FEHB and FEGLI forms and submit it with my new
Initial appointment package if I desire health benefits coverage and/or retain basic life insurance
coverage; elect additional optional life insurance coverage; or waive life insurance to be effective
immediately.

_____ I understand that if I do not include the forms with my new hire package I must access the
Initial Employee Benefits Information System (EBIS) at www.abc.army.mil within 60 days of my hire
date. Otherwise, I will be considered ineligible for health coverage and limited to basic only life
insurance coverage for one year after my new hire date or date my life insurance election form is
submitted, whichever is later.

Thrift Savings Plan (TSP) Information

_____ I acknowledge that I have received the TSP information sheet regarding Automatic Enrollment,
Initial Agency Initial Contributions, and other TSP information.

A signed copy of this document will be filed in your Official Personnel File (OPF).

I CERTIFY ACKNOWLEDGEMENT AND UNDERSTAND THE CONDITIONS LISTED ABOVE.

Typed or printed Name: _____ Last Four of SSN: _____

Signature: _____ Date _____ Date of Hire: _____

Technician Unit/Org. of Assignment: _____