UNITED STATES POSTAL SERVICE®

Notice to Noncareer Employees Eligible to Enroll in FEHB Program

A. Sufficient Earnings Requirement for Federal Employees Health Benefits Coverage

This section to be completed by the Human Resources Shared Service Center (HRSSC).

Name of Employee *(Last, First, Middle Initial)*	Employee Identification Number (EIN)

According to Federal Employees Health Benefits (FEHB) Program regulations, temporary (noncareer) employees eligible to enroll in FEHB must have the **full cost** of the FEHB premium withheld from their biweekly pay. The Postal Service does not contribute to health benefits for noncareer employees.

To be eligible for FEHB coverage as a noncareer employee, your biweekly earnings:

1. Must be sufficient to cover the withholding of your health benefits premium; and
2. Must be expected to remain sufficient for at least 6 months.

Once you have enrolled in FEHB, if you fail to earn sufficient pay to allow for withholding your health benefits premium in one pay period, the Eagan Accounting Service Center (ASC) will withhold the unpaid premium in the following pay period, provided you have sufficient earnings to cover the unpaid premium.

When two adjustments for insufficient earnings for FEHB purposes have occurred, the Eagan ASC will send you an invoice for the total amount due. You must pay the total amount billed within 30 days of the date of the invoice.

If the Eagan ASC does not receive payment within 30 days, your health benefits enrollment will be terminated, retroactive to the date the initial unpaid premium was due. You may be required to reimburse the health plan and/or provider for any benefits that were provided but now are not available to you because of the plan's retroactive termination.

If you lose FEHB coverage because of insufficient earnings, you will not be eligible to renew your enrollment until:

1. The next FEHB Open Season; or
2. You experience a qualifying life event (e.g., conversion to career) that gives you an opportunity to enroll in FEHB.

Please sign and date this form in the space provided below to acknowledge receipt of this information. Mail the completed form to HRSSC at this address:

HRSSC
COMPENSATION & BENEFITS
PO BOX 970400
GREENSBORO NC 27497-0400

Note: Certain noncareer employees may be eligible to receive Postal Service contributions toward their FEHB premiums in accordance with their bargaining unit agreement.

B. Acknowledgement by Employee

This section to be completed by employee. Please read Privacy Act Statement before signing this form.

I understand that I must pay any invoice issued by the Eagan ASC for health benefits premium costs within 30 days of the date the invoice was issued. I further understand that if I fail to pay the invoice within the specified time, my health benefits enrollment under FEHB will be terminated, retroactive to the date the initial unpaid premium was due. As a result, I will be liable to the insurance carrier and/or health care provider for any medical expenses I have incurred since the date of termination.

Signature of Employee *(Do not print.)*	Date *(MM/DD/YYYY)*

Privacy Act Statement:

Your information will be used to administer your compensation and payroll request. Collection is authorized by 39 USC 401, 1001, 1003, and 1005.

Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit usps.com/privacypolicy.