Office of Personnel Management

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

2810-113

Part A.—IDENTIFYING DATA

1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
LEWIS	RUFUS	A	11-30-06	12521892

4. ADDRESS (INCLUDING ZIP CODE)

801 BOLIVAR STREET
MONTGOMERY, ALABAMA 36104

5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO.
15-01-0003	101
7. SOCIAL SECURITY NUMBER	**8. DATE THIS ACTION BECOMES EFFECTIVE**
155-20-0438	10-31-81

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

[XX] YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 8, ABOVE.

IMPORTANT NOTICE. - You have the right to convert to an individual contract with the carrier of your plan. See Part B.—Termination on the back of this form for information about your extension of coverage and conversion. If you want to convert, fill in the box on the back of this form and send it to your plan within the time limit specified.

Part C.—CHANGE IN PLAN

[ ] YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

[ ] YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

(SEE PART D ON THE BACK OF THIS FORM FOR MORE INFORMATION)

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART J BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. [ ]

Part F.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE. [ ]

Part G.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO: [ ]

NAME	DATE OF BIRTH	SEX
		MALE [ ] FEMALE [ ]

ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE

Part H.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. [ ]

YOUR NEW ENROLLMENT CODE NUMBER [ ]

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part I.—REMARKS

EMPLOYEE TERMINATED ORG CODE 8200202000

Part J.—DATE OF NOTICE

NAME OF AGENCY AND ADDRESS, INCLUDING ZIP CODE	NOTE: Instructions for Employing Offices are on the back of the Quadruplicate copy of this form.
UNITED STATES MARSHALS SERVICE ONE TYSONS CORNER CENTER MCLEAN, VA 22102	
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL: Patricia Brice	DATE

2810-113

Original—To Enrollee

Standard Form No. 2810
September 1979
FPM Supplement 890-1

PART B.—TERMINATION

If Part B on the other side of this form is checked, read the following instructions carefully.

TEMPORARY EXTENSION OF COVERAGE

Your enrollment terminates on the date shown in Part A, Item 8, on the front of this form. Coverage under your enrollment continues temporarily for 31 days from the date shown. If you, or any covered member of your family, are a patient in a hospital on the 31st day of this temporary extension, benefits of the Plan may continue for that person for the rest of that confinement, but not beyond 60 more days.

CONVERSION TO NONGROUP CONTRACT

You may convert your enrollment to a nongroup contract, without evidence of good health. The nongroup contract to which you may convert is one regularly offered by your Plan. It may differ from your group plan in benefits, or cost, or both, and you will have to pay the entire cost of the nongroup contract direct to the Plan. The nongroup contract is effective on the day after your 31-day temporary extension of coverage ends.

If you are interested in converting to a nongroup contract, fill in the box to the right and take or mail this form to the nearest office of the Plan in which you have been enrolled (see your Plan's brochure or ask your employing office for the address of the Plan's nearest office). The Plan will promptly send you an application form and details concerning benefits and rates of the nongroup contract to which you may convert.

TIME LIMIT ON CONVERSION

To be eligible for the conversion, this form, with the box to the right completed, must be received by your Plan not later than 31 days after the date shown in Part A, Item 8, or, if completion of this form was delayed, within 15 days after the date in Part J provided it is within 75 days from the date in Part A, Item 8.

For conversion, fill out this box and take or mail this form immediately to your Plan. DO NOT SEND IT TO THE OFFICE OF PERSONNEL MANAGEMENT.

YOUR SIGNATURE (DO NOT PRINT)

DATE

Print your address (including ZIP Code) below if it is different from that shown in Part A, Item 4, on the other side.

NUMBER AND STREET

CITY, STATE, AND ZIP CODE

ENTRY ON ACTIVE MILITARY DUTY

If your enrollment is being terminated because you are entering military service, you may convert to a nongroup contract even though your family members are entitled to care under the Uniformed Services Health Benefits Program. If you return to civilian duty in the exercise of reemployment rights, your enrollment will be reinstated effective on the day you return to active civilian duty. If you return to civilian duty not in the exercise of reemployment rights, you must, if eligible for coverage, register again the same as a new employee. If you are an annuitant, your enrollment will be reinstated on the day you are separated from military service. You must notify your retirement system of this event by furnishing a copy of your separation papers.

PARTS D AND E.—TRANSFER OF ENROLLMENT

If either Part D or E on the other side of this form is checked, read carefully whichever of the following instructions applies.

TRANSFER OF EMPLOYMENT

If you transfer to another agency or payroll office, your enrollment continues. Show this form to your new employing office as evidence of your enrollment. Shortly after you enter on duty, your new employing office should give you another form like this one to show that your health benefits coverage has been continued. (Also, if you are in a group or individual-practice plan and leave the area served by the plan, you may be able to register in another plan. For details on your right to change plans, check with your employing office.)

RETIREMENT

Your enrollment continues automatically during retirement if you retire on an immediate annuity and you have been enrolled under the Health Benefits Program (1) for all your service since your first opportunity to enroll, or (2) for the 5 years of service immediately preceding retirement. Your share of the cost of your enrollment will be deducted from your annuity. If you have not already filed an Application for Retirement (Standard Form 2801), you should do so promptly in order to avoid any question about your health benefits coverage. At the time your retirement is approved, or shortly after, you should receive another form like this one to show that your retirement system has officially continued your health benefits coverage.

DEATH

If the deceased employee or annuitant was enrolled for self and family at the time of death, and if at least one member of the family is entitled to survivor annuity, enrollment of each eligible family member who was covered by the enrollment of the deceased continues automatically.

If there is only one eligible survivor, the enrollment will be changed from family coverage to self only. The survivors' share of the cost of the enrollment will be deducted from the annuity. Application for Death Benefits (Standard Form 2800) should be filed promptly to avoid any question about health benefits coverage. Shortly after the survivor annuity is approved, another form like this one will be issued to show that the retirement system which pays the survivor annuity has officially continued the health benefits enrollment in the survivor's name.

EMPLOYEES' COMPENSATION

Your enrollment continues automatically while you receive monthly compensation from the Office of Workers' Compensation Programs if the Secretary of Labor has held that you are unable to return to duty and if you have been enrolled under the Health Benefits Program (1) for all your service since your first opportunity to enroll, or (2) for the 5 years of service immediately preceding the start of your compensation. Enrollment of covered family members of a deceased employee or compensationer also continues automatically while they receive monthly compensation, if (1) the deceased employee or compensationer was enrolled for self and family at the time of death, and (2) the compensationer had been determined by the Secretary of Labor to be unable to return to duty. The compensationer's or survivor's share of the cost of the enrollment will be deducted from the compensation checks.

KEEP THIS FORM FOR YOUR RECORDS UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU CONVERT TO A NONGROUP CONTRACT

FEGLI

AGENCY CERTIFICATION OF INSURANCE STATUS

Federal Employees' Group Life Insurance Program

1. Name (Last)	(First)	(Middle)	2. Date of birth (mo., dy., yr.)	3. Social Security Number
LEWIS	RUFUS	A	11-30-07	155 | 20 | 0438

4. Check the reason for termination of insurance (4a, below) and disposition of current SF 54 or SF 2823, Designation of Beneficiary (4b, below). All SF 54's and SF 2823's, if any, should be attached to this SF 2821 if the employee (a) died, (b) is retiring, or (c) is receiving Federal Employees' Compensation and is entitled to continue life insurance. In all other cases show, whether or not a current SF 54 or SF 2823 is on file in the employee's Official Personnel Folder (or equivalent).

4a. Reason for terminating insurance

- a [XX] Separated *(includes resignation)*
- b [ ] Retired
- c [ ] Died as an employee
- d [ ] Died as a reemployed annuitant
- e [ ] End of 12 months non-pay status
- f [ ] Other *(specify)*

4b. Disposition of SF 54's or SF 2823's

- [ ] Attached
- [XX] Not on file with this agency
- [ ] On file in employee's Official Personnel Folder

5. Date of Termination *(month, day, year)*	6. Date of Notice of Conversion Privilege (SF 2819) to Employee *(month, day, year)*.	7. Annual basic pay *(not basic insurance amount)* on date in item 5. Convert daily, hourly, piecework, etc. rate to annual rate.	8. Effective date of continuous coverage under FEGLI program
10-23-81		$42,806.00 PA	

9. Did employee have Option A—Standard insurance on date in item 5?		10. Did employee have Option C—Family insurance on date in item 5?	
[XX] No [ ] Yes-If "yes" give →	Effective date of election	[XX] No [ ] Yes-If "yes" give →	Effective date of election

11. Did employee have Option B—Additional insurance on date in item 5?			
	Effective date of election	Number of multiples of pay on date in item 5.	Lowest number of multiples of pay during last 5 years
[XX] No [ ] Yes-If "yes" give →			

12. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.

Personal signature of authorized agency official	Name and address of agency, including zip code
	UNITED STATES MARSHALS SERVICE ONE TYSONS CORNER CENTER MC LEAN, VIRGINIA 22102
Typed name of authorized agency official CLAIRE C. ADAMS	
Title PERSONNEL MANAGEMENT SPECIALIST	Commercial phone no. with area code / Date

IMPORTANT INFORMATION

Death within 31 days.—Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates even though the employee has not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 12, above.

Continuation of insurance while receiving Federal Employees' Compensation.—See back of this page.

Conversion to an individual policy.—See back of this page.

If you are retiring, your Basic Life insurance (but not accidental death and dismemberment coverage) may be continued if: (a) you retire on an immediate annuity, (b) you do not convert to an individual policy, and (c) you have had it for the 5 years immediately preceding retirement (or, if less than 5 years, since your first opportunity). Generally, any optional insurance you have may be continued if you continue your Basic Life insurance and you have had the option for the 5 years immediately preceding retirement (or, if less than 5 years, since your first opportunity). If you want to continue your Basic Life insurance, complete SF 2818 to elect the type of reduction in coverage that will occur when you reach age 65 (or when you retire if you are already 65). See Standard Form 2818, "Election of Post-Retirement Basic Life Insurance Coverage," for details about continuing life insurance coverage into retirement.

IMPORTANT INFORMATION
(continued from other side)

CONVERSION TO AN INDIVIDUAL POLICY

You are eligible to convert your insurance to an individual policy **unless,** within 3 calendar days after the date shown in item 5 on the other side of this form, you return to Government service in the same or another position in which you are eligible to reacquire Federal Employees' Group Life Insurance. You have no right to convert and you cannot properly use this Certification if you are eligible to reacquire life insurance within the 3-day period specified. **Before you make a decision on the matter, read the important information about conversion on the back of the duplicate copy of this certification.** Then, if you are eligible and want to convert to an individual policy, complete the eligibility statement below. Send the original of this form to the **Office of Federal Employees' Group Life Insurance, 4 East 24th Street, New York, N.Y. 10010.** The envelope containing this form must be postmarked within 31 days of the date your group insurance terminated (see item 5 on the other side of this form) or within 15 days of the date of conversion notice (see item 6), whichever basis gives you the most time. Information on how to apply for conversion will be mailed to you promptly.

ELIGIBILITY STATEMENT

I have read all the above information and am eligible to convert my insurance to an individual policy. Please send additional information.

Signature	Date	Address *(Type or Print)* *(Number, Street)*		
		(City)	*(State)*	*(Zip Code)*

Note: If you have Option C—Family Coverage and you do not want to convert it, your eligible family members may do so. In that case, you or your family members should contact your former employing agency for instructions.

COVERAGE WHILE RECEIVING FEDERAL EMPLOYEES' COMPENSATION

Your Basic Life insurance (but not accidental death and dismemberment coverage) may continue while you are receiving benefits under the Federal Employees' Compensation law and are held by the Department of Labor to be unable to return to duty, provided:

- you do not convert it to an individual policy, and
- you have had it for the 5 years of service immediately preceding entitlement to compensation (or from the time it first became available to you if less than 5 years).

If you continue your Basic Life insurance, you must complete Standard Form 2818, "Election of Post-Retirement Basic Life Insurance Coverage." The cost of Basic Life insurance coverage depends upon the level of protection you want after you reach age 65.

Generally, any optional life insurance you have (but not accidental death and dismemberment coverage) may continue also (see SF 2818 for details), provided:

- you do not convert it; and
- you continue your Basic Life insurance; and
- you have had the option from the time it first became available to you or for the 5 years of service immediately preceding entitlement to compensation (the amount of your Option B—Additional insurance will be limited to the lowest multiple of your salary in effect during this period); and
- your monthly compensation benefit is sufficient, after all other deductions, to pay the full cost; and
- you continue to pay the full cost until you reach age 65 (the cost will be withheld from your compensation checks).

You may continue your Basic Life insurance or both your Basic Life and optional coverage(s) by completing the application below, and mailing this form to the **Office of Personnel Management, Retirement and Insurance Programs, Washington, D.C. 20415.** When your compensation benefits cease or you are held to be able to return to duty, your insurance will be terminated without the right to convert to an individual policy. If you then return to employment in which you are not excluded from insurance coverage, you will have the opportunity to be insured as an employee or, if you are then eligible for continued life insurance as a retired employee, you may retain insurance coverage on that basis, but subject to the reduction explained in SF 2818, "Election of Post-Retirement Basic Life Insurance Coverage."

Upon receipt of this form, the Office of Personnel Management will verify your compensation status and notify you of your insurance rights.

APPLICATION TO CONTINUE INSURANCE

I want to continue:

- ☐ Basic Life (See SF 2818 for my elected reduction)
- ☐ My Option A—Standard for which I understand the full cost will be withheld from my compensation checks until I reach age 65.
- ☐ My Option B—Additional for which I understand the full cost will be withheld from my compensation checks until I reach age 65.
- ☐ My Option C—Family for which I understand the full cost will be withheld from my compensation checks until I reach age 65.

Signature		Address *(Type or Print)* *(Number, Street)*		
Compensation Claim Number	Date	*(City)*	*(State)*	*(Zip Code)*