Attachment 1

NOTICE OF ISSUE WITH FAMILY ENROLLMENT

Name of Enrollee Street Address City, State and Zip

ID Number: Social Security Number:

Dear {name of enrollee},

We are in the process of reconciling our Federal Employees Health Benefits (FEHB) enrollment records with the records of {person's employing agency}. Your agency or retirement system shows you are enrolled in a Self and Family enrollment. Our records indicate you are currently the only person covered under your enrollment. If you have a spouse or children that we do not know about, please call us and provide each individual's information. The phone number is {Plan phone number}.

If you are the only person covered (e.g., you divorced and there are no children to cover or you are a single parent and your youngest child is now age 26 or over), then you are eligible to change to a Self Only enrollment. If you change to a Self Only enrollment, the premium you pay will be substantially less. Your employing office or retirement system may allow your change to Self Only retroactively and refund the difference in premium between Self and Family and Self Only.

In order to have your enrollment changed to Self Only, you have to contact your Human Resources (HR) office or retirement system and request to have your FEHB enrollment changed to Self Only. Your HR office or retirement system will not make this change automatically for you or initiate the enrollment change on your behalf. You have to request the enrollment change.

Marriage or adding an eligible family member is a Qualifying Life Event (QLE) that will allow you to change your enrollment back to Self and Family at that time even after you have retired.

Changing your enrollment to Self Only will give you the same health coverage you are getting now with your Self and Family enrollment, but will cost you less.

Thank you.

Sincerely,