

NOTICE OF ASSISTANCE LETTER

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}*. Our records indicate that you are currently enrolled in our Health Benefits Plan through *{person's employing agency}*, but the information provided by *{person's employing agency}* shows that you are enrolled in our Plan through a different enrollment code than the code demonstrated in our records. The enrollment code indicates whether you are enrolled in Self and Family or Self Only coverage, and which option of coverage you are enrolled in.

Please provide us with appropriate documentation verifying your current, valid enrollment code with our Plan. Appropriate documentation includes:

- A copy of your Standard Form 2809 (basic enrollment document) or Standard Form 2810 (notice of change in enrollment) demonstrating your enrollment code for this Plan;
- A copy of a letter confirming your electronic enrollment transaction such as Employee Express or the Annuitant Confirmation Letter that indicates your enrollment code for this Plan;
- A copy of a recent earnings and leave statement, or annuity statement, showing withholding for this Plan; or
- A document or other credible information from your employing office or retirement system stating that you are entitled to continued enrollment in this Plan through the enrollment code reported by your employing office or retirement system and that the premiums are being withheld for that enrollment code.

Send or bring the appropriate documentation to:

{Plan name and address, and phone number}

Please call the telephone number above and identify your current or former payroll office, so that we may contact them for any appropriate documentation.

Thank you for your assistance with this reconciliation. We regret any inconvenience this may cause you. If you have any questions, please call us at *{Plan phone number}*.
Thank you.

Attachment 3

Sincerely,