

WAIVER OF IMMEDIATE REINSTATEMENT OF FEHB

I, _____, was discharged from military service on _____, and I qualify for Transitional TRICARE and/or TRICARE Reserve Select until _____.

Employees: I understand that, pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA), I have a right to reinstatement of my Federal Employees Health Benefits (FEHB) coverage on the day I am restored to my civilian position under the provisions of 5 CFR part 353 or similar authority. However, I hereby clearly and unequivocally waive my FEHB coverage until _____.

You may select any date between the date you are restored to your civilian position and the date after your Transitional TRICARE and/or TRICARE Reserve Select coverage ends.

Annuitants: I understand that pursuant to the USERRA, I have a right to reinstatement of my FEHB coverage on the day I am separated from the uniformed services. However, I clearly and unequivocally waive my FEHB coverage until _____.

You may select any date between the day you are separated from the uniformed services and the day after your Transitional TRICARE and/or TRICARE Reserve Select coverage ends.

I fully understand that until my FEHB enrollment is reinstated, I will not be eligible for any health benefits that would have been available to me under an FEHB plan. This waiver will terminate upon my death.

Signature: _____ **Date:** _____

Employees and annuitants who later decide to revoke the waiver must complete this section.

I revoke my waiver of FEHB coverage and invoke my right to immediate FEHB coverage.

Signature: _____ **Date:** _____