ATTACHMENT 2 – FEHB INFORMATION AND CERTIFICATION MEMORANDUM

SUBJI	ECT: FEH	HB Information	n and Certifi	cation Memo	randum	
	Employee 1	Name	Employee Social Security Number (SSN)			
		ALxxx-xx, this of the FEHB e			•	ollowing information
	for coveragy years, during certify the	e during the 5 ng all service i employee mee	years of ser n which the ets the requir	vice immedia employee wa ements to co	ately before retirer s eligible for FEH	Full documentation ment (or if less than 5 (B) is not available. In after retirement based included.
	New Plan	Old Plan	Effective I		of Document yee Express, CLE	,
	Employee retired, and is eligible to carry FEHB into retirement. Employee was covered as a dependent under another FEHB plan for all or part of the 5 years of service immediately prior to retirement. Documentation is included. Employee retired, and is eligible to carry FEHB into retirement. Employee was covered					
	under TRICARE/CHAMPUS either as the enrollee or a family member for all or part of the 5 years of service immediately prior to retirement. Employee was covered under FEHB on the date of retirement. Documentation is included.					
					nge in enrollment to the retirement p	was processed, but backage.
		is eligible for FEHB into ret				ion requirements for
	Other:					
Signature			te]	Printed Name	Position	Title
Contact Name			Phone Number		Email Address	