

ATTACHMENT 2: RECEIPT OF ELIGIBILITY VERIFICATION DOCUMENTS

[INSERT DATE]

[INSERT EMPLOYEE NAME AND ADDRESS]

We have reviewed the documents you submitted in response to our request to verify that the person(s) listed below are eligible for coverage under your Federal Employees Health Benefits Program enrollment.

We have determined that the documentation you submitted verifies current eligibility for the family member(s) listed.

1. [INSERT NAME OF VERIFIED FAMILY MEMBER]

No changes will be made to your enrollment, and you do not need to take any further action. Thank you for your prompt attention to our request. Please retain a copy of this letter for your records.

[SIGNATURE]

Cc: FEHB Carrier/Employing Office