



Notice to Noncareer Employees Eligible to Enroll in FEHBP

Subject: Sufficient Earnings Requirement for Federal Employees Health Benefits Coverage

Employee Name *(Last, first, middle initial)*

Social Security Number

Federal Employees Health Benefits Program (FEHBP) regulations provide that temporary (noncareer) employees eligible to enroll in FEHBP coverage must have withheld from their biweekly pay the **Full** cost for the health benefits premium. The Postal Service does not contribute toward health benefits for noncareer employees.

To be eligible for FEHBP coverage as a noncareer employee, your biweekly earnings must be sufficient to cover the health benefits premium withholdings, and must be expected to remain sufficient for at least 6 months.

Once enrolled in a health benefits plan, if you fail to earn sufficient pay to allow for health benefits premium withholdings in one pay period, the Minneapolis Postal Data Center (MNPDC) will withhold the unpaid premium in the following pay period, provided you have sufficient earnings to cover the unpaid premium. When two adjustments for insufficient earnings for FEHBP purposes have occurred, the MNPDC will send you an invoice for the total amount due. You must pay the total amount billed within 30 days of the date of the invoice. *If payment is not received by the MNPDC within this timeframe, your health benefits enrollment will be terminated retroactive to the date the initial unpaid premium was due.* Once you lose FEHBP coverage because of insufficient earnings, you will not be eligible to renew your enrollment until the next FEHBP open season or the occurrence of some other change in your status (e.g., conversion to career) which provides you an opportunity to enroll for health benefits coverage.

Please sign and date in the space provided below to acknowledge receipt of this information and return the completed form to your personnel office.

Employee Acknowledgement

I understand that invoices issued by the MNPDC for health benefits premium costs must be paid within 30 days of the date the invoice was issued. I further understand that failure to pay the invoice within the timeframe specified will result in the termination of my health benefits enrollment under the FEHBP noncareer provisions retroactive to the date the initial unpaid premium was due, and that this will result in my being liable to the insurance carrier for any medical expenses incurred since that date.

Employee Signature

Date *(Month, day, year)*