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**National interagency fire center**

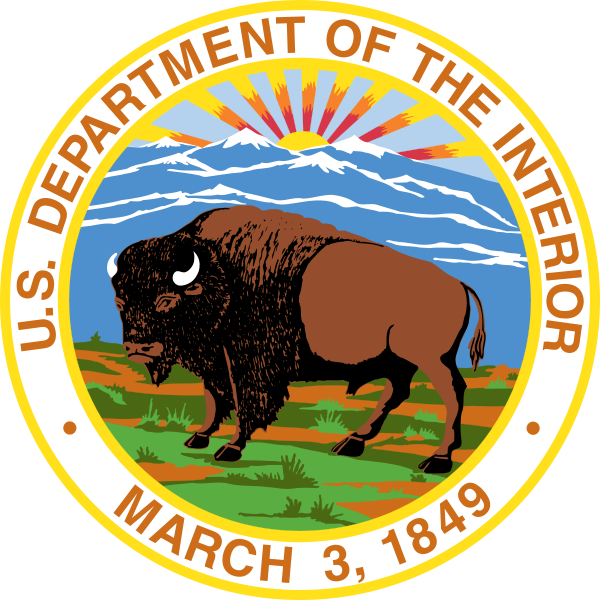
**Casual payment center**

**A service first organization**

Casual Payment Center MS 270

3833 S Development Ave Boise, Id 83705-5354

Phone: 877-471-2262 Fax: 208-433-6405

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**Conditional Offer of**

**Federal Employee Health Benefits Form**

**Check one:** **BIA  BLM** **FWS  NPS**

|  |  |  |
| --- | --- | --- |
| **NAME:** |  | **SSN/ECI:** |
| **PHONE:** |  | **E-MAIL:** |

…………………………………………………………………………………………………………………………………

As an Administratively Determined Emergency Worker (AD/Casual), you will be eligible for Federal Employee Health Benefits (FEHB) when you work 130 hours per month for 90 consecutive days. This coverage includes a 31 day extension of FEHB following employment termination.

More information about the FEHB program is available on the OPM website: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2017/>.

As anAD/Casual, I understand that if I work 130 hours per month for 90 days, I am eligible for FEHB coverage.

I **elect** FEHB upon meeting the above eligibility criteria.

I **decline** coverage in a Federal Employee Health Benefits plan.

***\*\*I understand if at any time I choose to receive more information, I can contact the Casual Payment Center.***

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**By signing below, I attest I am the person named above and I have read and understand the information presented.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**