

**ACKNOWLEDGEMENT OF ENROLLMENT OPPORTUNITIES UNDER FEDERAL
EMPLOYEES HEALTH BENEFITS
AND
FEDERAL EMPLOYEES GROUP LIFE INSURANCE**

I understand that from _____ I have only **60** calendar days in which to
(Entrance on Duty date)
enroll in Federal Employees Health Benefits and Federal Employees Group Life Insurance. I
further understand that if I fail to enroll in health insurance that my next opportunity may be
open season and that if I elect not to enroll in life insurance that I will not be eligible to reapply for
1 year and will then be required to obtain a physical at my own expense. Enrollment for
Federal Health Insurance takes effect on the first day of the pay period that begins after you
enroll via eZHR self service.

Date

Signature