

STATEMENT OF UNDERSTANDING and CERTIFICATION

I understand that I must notify the office maintaining my enrollment within 31-days of one or more of the following events and that the occurrence of any one of the events will result in termination of my coverage under the Federal Employees Health Benefits Program (FEHBP):

- (1) The court order ceases to provide entitlement to survivor annuity or a portion of retirement annuity under a retirement system for Government employees.
- (2) I remarry before age 55. (Former spouses meeting the requirements of subsection S17-5 (c) (2) and S17-5 (2) (c) (3) must notify their retirement system of the event only.)
- (3) Employee on whose service the benefits are based dies and no survivor annuity is payable.
- (4) Separated employee on whose service the benefits are based dies before the requirements for deferred annuity have been met.
- (5) Employee on whose service benefits are based leaves Federal service before establishing title to an immediate or deferred annuity.
- (6) Refund of retirement monies is paid to the separated employee on whose service the health benefits are based

Signature

Date