

## BENEFITS CERTIFICATIONFORM

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**(Employee Name)**

A representative of the Division of Human Resource Management (HRM) has reviewed with you the benefits that you, as a Federal government employee, are entitled to. We ask that you certify that you have been advised of the following:

I certify that I have received and am aware of the due dates for the **Health Benefits Registration Form (SF 2809) and the Federal Employee's Group Life Insurance Election Form (SF 2817)**. I realize that I have 31 days from my first day at NSF to return the **Health Benefits Registration Form (SF 2809)**. If I do not return the form within 31 days, I will not be eligible for health plan coverage until the next Health Benefits Open Season (usually conducted November-December every year). I must return SF 2809 even if I elect not to enroll. Also, I realize that I have 31 days from my first day at NSF to return the **Federal Employee's Group Life Insurance Election Form (SF 2817)**, to elect or decline coverage, or to elect additional coverage. You will automatically be covered for Basic Life Insurance and have deductions taken from your salary if you do not waive insurance by returning SF 2817 with your signature on Item 5.

New enrollments or changes at times other than Open Season are effective at the beginning of the pay period after the form is returned. New enrollments or changes in health benefits during Open Season become effective at the beginning of the first full pay period in January.

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**(Employee's Signature)**

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**(Date)**