

Report of FEHB Election Opportunity for Certain Employees on Temporary Appointments and Certain Employees on Seasonal and intermittent Schedules

Quarter: _____

Employee Name	Existing or Newly Appointed Employee (if new employee, provide date of appointment)	Type of Appointment (e.g., temporary NTE 1 year, permanent, etc.)	Work Schedule (seasonal, intermittent, full-time)	Date Employee Notified of Opportunity to Enroll in FEHB	If Elected, Effective Date of FEHB Coverage	If Declined, Date of Declination Recorded in Part H of SF-2809
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