



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

CONDITIONAL OFFER OF FEDERAL EMPLOYEE HEALTH BENEFITS FORM

Check one: BIA BLM FWS NPS

NAME: _____ ECI: _____

PHONE #: _____ EMAIL: _____

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

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

Please indicate your selection by checking the appropriate box below:

- I am interested in enrolling in FEHB and wish to receive more information, including my costs, when I become eligible.
 - I understand that I may become eligible for FEHB. I **decline** potential coverage in a Federal Employee Health Benefits health plan.
- **I understand that if at any time I choose to receive more information, I can contact the Casual Payment Center.***

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

SIGNATURE: _____ DATE: _____

Privacy Act Statement: Information on this form is collected under the authority of the Administratively Determined (AD) Pay Plan. Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.