

**Acknowledgement of Receipt of Employee Benefit Information**  
**(New Employee)**

The Federal Government offers a broad array of benefits programs. Each benefit program has certain timeframes for initial enrollment as a new employee, as shown below. To learn more about each program, visit the following link <http://www.public.navy.mil/donhr/Benefits/Pages/Default.aspx>. If you have questions related to your benefits as a new employee, contact the DON Civilian Benefits Center at 1-888-320-2917 or by email at [navybenefits@navy.mil](mailto:navybenefits@navy.mil).

**Federal Employees Health Benefits (FEHB)**

\_\_\_ I understand that I have 60 days from my appointment date make a health insurance election and that I must make my election in the Employee Benefits Information System (EBIS) or by contacting the Benefits Line at 1-888-320-2917. I understand that my election using EBIS is the equivalent to completing the Health Benefits Election form (SF 2809), mentioned in the plan information.

**Federal Employees Dental and Vision Insurance Program (FEDVIP)**

\_\_\_ I understand that I have 60 days from the day I was appointed/converted, to complete the online/website FEDVIP enrollment at [www.benefeds.com](http://www.benefeds.com).

**Federal Employees Group Life Insurance (FEGLI)**

\_\_\_ I understand that I will be automatically given basic life insurance unless I make a different election and I have 60 days from the date of my appointment to elect optional insurance coverage.

**Thrift Savings Plan (TSP)**

\_\_\_ I understand that I am automatically enrolled in TSP and 3 percent of my basic pay will be deducted for TSP and that I will receive 3 percent agency matching contributions as well as agency automatic (1%) contributions. I also understand that I can terminate my automatic enrollment contributions at any time, and that I can elect to start, change, stop, or resume TSP contributions at any time; there is no waiting period.

**Flexible Spending Account (FSA)**

\_\_\_ I understand that I have 60 days from the effective date of my appointment, but before October 1 of the calendar year, to elect to participate in the FSA program. If I am hired on or after October 1 that I will not be eligible to participate in that benefit period, but I can elect during the Benefits Open Season for the following benefit period. I understand that I must make my election on the FSAFEDS Website or be contacting an FSAFEDS benefits counselor.

**Federal Long Term Care Insurance Program (FLTCIP)**

\_\_\_ I understand that I have 60 days from the effective date of my appointment to apply for long term care insurance using an abbreviated underwriting procedure. After the initial 60 days, I may apply using the full underwriting applications. I understand that I have to submit my application directly to the Long Term Care Partners.

**I CERTIFY ACKNOWLEDGMENT AND UNDERSTAND THE CONDITIONS LISTED ABOVE.**

Name (printed): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_