

### NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

#### Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Caranci, John C.	2. DATE OF BIRTH 7 Feb 1922	3. CARRIER CONTROL NO. 078546
4. ADDRESS (INCLUDING ZIP CODE) 64 Eddy Street Centerdale, Rhode Island 02911	5. PAYROLL OFFICE NO.	6. ENROLLMENT CODE NO. 422
	7. DATE THIS ACTION BECOMES EFFECTIVE 15 July 1970	

APPROVED FOR  
RELEASE DATE:  
10-Nov-2008

ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

#### Part B.—TERMINATION

YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

IMPORTANT NOTICE.—You have the right to convert to an individual contract with the carrier of your plan. See Part B.—Termination on the back of this form for information about your extension of coverage and conversion. If you want to convert, fill in the box on the back of this form and send it to your plan within the time limit specified.

#### Part C.—CHANGE IN PLAN

YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

#### Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

(SEE PART D ON THE BACK OF THIS FORM FOR MORE INFORMATION)

#### Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT.

#### Part F.—SUSPENSION

YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

#### Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

#### Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME	DATE OF BIRTH	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

#### Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD.

YOUR NEW ENROLLMENT CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

#### Part J.—REMARKS

Survivor Annuitant

#### K.—DATE OF NOTICE

*for*  
SIGNATURE

5 Nov 1970  
DATE

Chief, Retirement Operations Branch

NAME OF AGENCY ADDRESS (INCLUDING ZIP CODE)

## PART B.—TERMINATION

If Part B on the other side of this form is checked, read the following instructions carefully.

### TEMPORARY EXTENSION OF COVERAGE

Your enrollment terminates on the date shown in Part A, Item 7, on the front of this form. Coverage under your enrollment continues temporarily for 31 days from the date shown. If you or any covered member of your family is a patient in a hospital on the 31st day of this temporary extension, benefits of the Plan may continue for that person for the rest of that confinement, but not beyond 60 more days.

### CONVERSION TO NONGROUP CONTRACT

You may convert your enrollment to a nongroup contract, without evidence of good health. The nongroup contract to which you may convert is one regularly offered by your Plan. It may differ from your group plan in benefits, or cost, or both, and you will have to pay the entire cost of the nongroup contract direct to the Plan. The nongroup contract is effective on the day after your 31-day temporary extension of coverage ends.

If you are interested in converting to a nongroup contract, fill in the box to the right and take or mail this form to the nearest office of the Plan in which you have been enrolled (see your Plan's brochure or ask your employing office for the address of the Plan's nearest office). The Plan will promptly send you an application form and details concerning benefits and rates of the nongroup contract to which you may convert.

### TIME LIMIT ON CONVERSION

To be eligible for the conversion, this form, with the box to the right completed, must be received by your Plan not later than 31 days after the date shown in Part A, Item 7, or 15 days after the date in Part K on the other side, whichever gives you more time.

**For conversion, fill out this box and take or mail this form immediately to your Plan. DO NOT SEND IT TO THE CIVIL SERVICE COMMISSION.**

YOUR SIGNATURE (DO NOT PRINT)

DATE

Print your address (including ZIP Code) below if it is different from that shown in Part A, Item 4, on the other side.

NUMBER AND STREET

CITY, STATE, AND ZIP CODE

### ENTRY ON ACTIVE MILITARY DUTY

If your enrollment is being terminated because you are entering military service, you may convert to a nongroup contract even though your family members are entitled to care under the military dependents, Medicare program. If you return to civilian duty in the exercise of reemployment rights, your enrollment will be reinstated effective on the day you return to active civilian duty. If you return to civilian duty not in the exercise of reemployment rights, you must register again the same as a new employee.

## PARTS D AND E.—TRANSFER OF ENROLLMENT

If either Part D or E on the other side of this form is checked, read carefully whichever of the following instructions applies.

### TRANSFER OF EMPLOYMENT

If you transfer to another agency or payroll office, your enrollment continues. Show this form to your new employing office as evidence of your enrollment. Shortly after you enter on duty, your new employing office should give you another form like this one to show that your health benefits coverage has been officially continued. (However, if you are in a group- or individual-practice plan and leave the area served by the plan, you may be able to register in another plan. For details on your right to change plans, check with your employing office.)

### RETIREMENT

Your enrollment continues automatically during retirement if you retire on an immediate annuity with at least 12 years of creditable service of for disability, and you have been enrolled under the Health Benefits Program (1) during all your service since your first opportunity to enroll, or (2) during the 5 years of service immediately preceding retirement, or (3) continuously for the full period or periods of service beginning with the enrollment which became effective no later than December 31, 1964. Your share of the cost of your enrollment will be deducted from your annuity. If you have not already filed an Application for Retirement, you should do so promptly in order to avoid any question about your health benefits coverage. At the time your retirement is approved, or shortly after, you should receive another form like this one to show that your retirement system has officially continued your health benefits coverage.

### DEATH

If the deceased employee or annuitant was enrolled for self and family and had at least 5 years of civilian service, and if at least one member of

the family is entitled to survivor annuity, enrollment of each eligible family member who was covered by the enrollment of the deceased continues automatically.

If there is only one eligible survivor, the enrollment will be changed from family to individual. The survivor's share of the cost of the enrollment will be deducted from the annuity. Application for death benefits should be filed promptly to avoid any question about health benefits coverage. Shortly after the survivor annuity is approved, another form like this one will be issued to show that the retirement system which pays the survivor annuity has officially continued the health benefits enrollment in the survivor's name.

### EMPLOYEES' COMPENSATION

Your enrollment continues automatically while you receive monthly compensation from the Bureau of Employees' Compensation if the Secretary of Labor has held that you are unable to return to duty and if you have been enrolled under the Health Benefits Program (1) during all your service since your first opportunity to enroll, or (2) during the 5 years of service immediately preceding the start of your compensation, or (3) continuously for the full period or periods of service beginning with the enrollment which became effective no later than December 31, 1964. Enrollment of covered family members of a deceased employee or compensation also continues automatically while they receive monthly compensation, if (1) the deceased employee or compensation had at least 5 years of service, and (2) the former employee had been determined by the Secretary of Labor to be unable to return to duty. The compensation's or survivor's share of the cost of the enrollment will be deducted from his monthly compensation checks.

**KEEP THIS FORM FOR YOUR RECORDS UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU CONVERT TO A NONGROUP CONTRACT**