

NR_key_name: 6E60DC061168FC03852561C40067675E

SendTo: CN=Joseph Freeman/O=ARRB @ ARRB

CopyTo:

DisplayBlindCopyTo:

BlindCopyTo: CN=R ecord/O=ARRB

From: CN=Tracy Shycoff/O=ARRB

DisplayFromDomain:

DisplayDate: 05/22/1995

DisplayDate_Time: 2:51:29 PM

ComposedDate: 05/22/1995

ComposedDate_Time: 2:49:27 PM

Subject: Re: Health Plan, SF-2809

Please call Linda Jacobs at GSA 708-5702 and tell her what's going on. She'll fill out the appropriate form to cancel your Cobra coverage effective the day before your coverage here began. Please keep me posted on what she tells you and if this gets resolved. Thanks. (This shouldn't be a big deal, I had federal Cobra coverage also when I came here and it all worked out fine!)

To: Tracy Shycoff/ARRBcc: From: Joseph Freeman/ARRB

Date: 05/22/95 11:47:16 AMSubject: Health Plan, SF-2809I was part of FEHB as a Congressional employee.

After my separation from the Legislative Branch, I opted to continue my coverage (which is an option for, I think, 18 months) pending re-employment. Now that I am re-employed with AARB, I need to write and ask that my previous extension of coverage be canceled. In looking over the instructions I got for how to do that, I see that if I cancel "due to coverage as a federal employee," I am to give them my daytime telephone number and a copy of my "SF-2809, showing the effective date of coverage as an employee." My questions: what is an SF-2809, and how do I get a copy to send in with my request to cancel coverage? Once again, thanks for your help!

Body:

recstat: Record

DeliveryPriority: N

DeliveryReport: B

ReturnReceipt:

Categories: