



# Notice to Non-Career Employees Eligible to Enroll in USPS Health Benefits Plan Coverage

## A. Sufficient Earnings Requirement for USPS Health Benefits Plan Coverage

The Human Resources Shared Service Center (HRSSC) completes this section.

Name of Employee (Last, First, Middle Initial)	Employee Identification Number (EIN)
------------------------------------------------	--------------------------------------

You, the employee, are receiving this notice because you are eligible to enroll in the USPS Health Benefits Plan Coverage. According to the USPS Health Benefits Plan regulations, non-career employees eligible to enroll in the plan must have their premium withheld from their bi-weekly pay. Once you have enrolled in the USPS Health Benefits Plan, if you fail to earn sufficient pay to allow for withholding of your health benefits premium in one pay period, the Eagan Accounting Service Center (ASC) will withhold the unpaid premium in the following pay period, provided you have sufficient earnings to cover the unpaid premium.

When two adjustments for insufficient earnings for USPS Health Benefits Plan purposes have occurred because you did not have sufficient pay available, the Eagan ASC will send you an invoice for the total amount due. You must pay the total amount billed within 30 days of the date of the invoice.

If the Eagan ASC does not receive payment within 30 days, your health benefits enrollment will be cancelled, retroactive to the date the initial unpaid premium was due. You may be required to reimburse the health plan, the provider, or both for any benefits that were provided, but are no longer available to your dependents because your family coverage was terminated retroactively.

**NOTE:** You **cannot** pay this debt in installments via a voluntary PS Form 3239, *Payroll Deduction Authorization to Liquidate Postal Service Indebtedness*. If you lose USPS Health Benefits Plan Coverage because of insufficient earnings, you will not be eligible to renew your enrollment until:

1. The next health benefits Open Season; or
2. You experience a qualifying life event that gives you an opportunity to enroll in USPS Health Benefits Plan Coverage.

Sign and date this form in the space provided below to acknowledge receipt of this information. Mail the completed form to HRSSC at this address:

HRSSC  
 COMPENSATION & BENEFITS  
 PO BOX 970400  
 GREENSBORO NC 27497-0400

## B. Acknowledgement by Employee

The employee completes this section. Please read the Privacy Act Statement, at the bottom of this page, before signing this form.

I understand that I must pay any invoice issued by the Eagan ASC for health benefits premium costs within 30 days of the issue date of the invoice. I further understand that if I fail to pay the invoice within the specified time, my health benefits enrollment under the *USPS Health Benefits Plan* will be cancelled, retroactive to the date the initial unpaid premium was due. As a result, I will be liable to the insurance carrier, the health care provider, or both for any medical expenses my dependents have incurred since the date of termination, which will be retroactive.

Employee Signature (Do not print.)	Date (MM/DD/YYYY)
------------------------------------	-------------------

**Privacy Act Statement:** Your information will be used to administer your health benefits enrollment request. Collection is authorized by 39 USC 401, 410, 1001, 1005 and 1206. Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to contractors and other entities aiding us to fulfill the service (service providers). For more information regarding our privacy policies visit [usps.com/privacypolicy](http://usps.com/privacypolicy).