

## BENEFEDS Enrollment Terms & Conditions

These are the Terms & Conditions that you must agree to in order to submit a FEDVIP enrollment.

1. I certify that:

- I am eligible to enroll in a FEDVIP plan.
- Any family members I have added are eligible.
- If I chose Self and Family, I added all of my eligible family members unless I have been given permission by BENEFEDS to not add all of my eligible family members.
- I will not be covered under more than one FEDVIP dental plan or more than one FEDVIP vision plan, nor will any of my eligible family members. If I am or any of the eligible family members in my enrollment are covered or will be covered under someone else's FEDVIP dental plan and/or FEDVIP vision plan, I will not proceed with this enrollment unless I have received prior authorization from BENEFEDS.

2. I understand that:

- If I remain eligible, my enrollment automatically continues each year, even into retirement, unless I cancel it during Open Season.
- I must take action by contacting BENEFEDS if I wish to cancel my coverage. If I take no action during Open Season, my coverage will continue.
- The opportunities to change or cancel enrollment outside of Open Season are extremely limited.
- Financial hardship and retirement do not allow me to change or cancel coverage.
- I must notify BENEFEDS of any changes relevant to my enrollment, including home address, agency changes and other demographic information. My agency or retirement system will not notify BENEFEDS.
- I cannot convert FEDVIP coverage to a private plan.
- There is no temporary extension of coverage when my FEDVIP coverage ends.
- I may be contacted about other Federal benefits.
- If BENEFEDS discovers that I or any of my eligible family members are covered under more than one FEDVIP dental plan or more than one FEDVIP vision plan without prior authorization from BENEFEDS, one of the enrollments will be canceled and I must repay any benefits utilized.

3. I authorize deductions from my pay or annuity or, if applicable, my bank account, to pay my premiums.

4. If deductions cannot be made and BENEFEDS sends me a bill, I understand I must pay that bill on time. If I do not, I know that my enrollment will be terminated.

5. I authorize BENEFEDS to receive information about my FEHB enrollment, if any, from my agency, retirement system or payroll provider and to give it to my FEDVIP plan; as FEHB is the first payor of benefits. Since the FEDVIP plan allowance is the prevailing charge, I understand that I will be responsible for the difference between the FEHB and FEDVIP benefit payments and the FEDVIP plan allowance.

6. I understand that if I am not eligible to enroll, or any of my family members are not eligible, my enrollment and coverage for any family members will be canceled retroactively. Any premiums paid will be returned to me. I agree that I will be responsible for reimbursing the Plan the entire amount of any benefit payments made on my, or my family's, behalf during the period of fraudulent enrollment. I will also be responsible for the full amount of any dental and/or vision expenses incurred.

7. I understand that my FEDVIP plan can ask me for documentation of my and my family members' eligibility, and I must provide it within 60 days of that request. I further understand that if I do not provide this documentation, or if it is deemed insufficient, my coverage can change or my enrollment can be canceled retroactively. Any premiums paid will be returned to me. I agree that I will be responsible for reimbursing the Plan the entire amount of any benefit payments made on my, or my family's, behalf during the period of fraudulent enrollment. I will also be responsible for the full amount of any dental and/or vision expenses incurred.

For more information on FEDVIP enrollment, you can visit the Education & Support section of [www.BENEFEDS.com](http://www.BENEFEDS.com).