

Dear Mr. Doe,

Thank you for your participation in the Federal Employees Dental and Vision Insurance Program (FEDVIP). BENEFEDS administers enrollment and premium payment processes on behalf of the FEDVIP carriers.

We received your FEDVIP Dental plan enrollment on XX/XX/20XX.

Your enrollment, summarized below, will become effective on XX/XX/20XX unless you are not eligible for FEDVIP coverage. In that case, your enrollment will be voided as discussed in the Enrollment Terms and Conditions you agreed to in the enrollment process. You may be asked for documentation to confirm your eligibility.

Your carrier should send you an acknowledgement of your enrollment within 15 days after the enrollment effective date of XX/XX/20XX.

Carrier Name: Carrier A, PPO
Plan Type: National/International
Plan Option: High
Enrollment Type: Self Only
Bi-Weekly Premium: \$XX.XX

It is very important that you review the information given above for accuracy. If there is an error in your enrollment, you must contact us immediately at the number noted below.

In addition, please review the Terms and Conditions at: www.BENEFEDS.com/BenefedHelp/terms. Please call our Customer Service Center if you prefer a written copy.

Please direct questions about claims, providers and networks, ID cards, and covered services to Carrier A, PPO. For your carrier's contact information, please visit www.BENEFEDS.com/BenefedHelp/CarrierContact.htm.

For general questions, please visit the Help section at www.BENEFEDS.com. If you have specific questions about your enrollment, please email us at Service@BENEFEDS.com. You may also call our Customer Service Center at 1-877-888-FEDS (1-877-888-3337) (TTY 1-877-889-5680) Monday through Friday from 9:00 a.m. to 7:00 p.m. Eastern time.

Thank you,

The BENEFEDS Team

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