

**INFORMATION CONCERNING LAST FEDERAL EMPLOYMENT
(OTHER THAN NAVAL OR MILITARY)**

(This form should be executed by an appointee having prior service in the Federal Government or the Government of the District of Columbia)

Your Official Bureau Name	Current Date
Agency by which last Employed & Complete Mailing Address	Date Appointed
	Date Separated

Were deductions taken from your salary for Retirement or Social Security? (Check one)

STATEMENT CONCERNING ENROLLMENT UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

If you entered on duty in the Bureau from your previous employment, without a break in service of more than 3 calendar days your enrollment (whether you enrolled in a plan or elected not to enroll) under the Federal Employees Health Benefits Program must continue without change.

I hereby certify that I was enrolled in the _____ Health Benefit Plan, _____ Option, Enrollment Code # _____ at the other government agency. My copy of SF-2810, "Notice of Change in Health Enrollment" executed by the other government agency is is not attached.

I elected not to enroll in a health benefit plan at the other government agency.

I was not eligible to enroll in a health benefit plan at the other government agency as I had a temporary appointment limited to a year or less.

STATEMENT OF ELIGIBILITY FOR FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

1. If your last period of Federal employment ended AFTER April 1, 1981, your Official Personnel Folder, which Bureau will secure from the other agency, should contain a "Life Insurance Election Form" (SF-2817). Your insurance status in your FBI employment will be in accordance with this previous election or declination of coverage. Therefore, check the following block(s) applicable to you only if your previous employment ended after April 1, 1981.

I hereby certify that I have the following coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment:

Basic Life Only

Basic Life Plus Following Option(s)

Option A - standard

Option B - Additional

Number of Multiples

Option C - Family

I hereby certify that I waived coverage under the Federal Employees' Group Life Insurance Program in connection with my former employment.

I hereby certify that one year has elapsed since the date of waiver and I now desire life insurance coverage. I am under 50 years of age and understand a physical examination must be taken at my personal expense. (If this block is executed you will be furnished an SF 2822, "Request for Insurance" upon receipt of your Official Personnel Folder from your last employing agency and verification of your eligibility to have insurance coverage.)

2. If your last period of Federal Employment ended PRIOR to April 1, 1981, you will not have a Life Insurance Election Form (SF 2817) on file and you are not required to execute one.
3. If you are insured and now desire to change or cancel any of your insurance coverages, you are required to complete an SF 2817 and sign under the appropriate block for the coverage(s) you wish to retain.
4. If you are presently enrolled under the Basic Life Insurance and 60 days have not elapsed since your marriage or acquisition of a child, you are eligible to apply for the Option C - Family coverage.
5. After your marriage or acquisition of a child. If you are enrolled in Basic Life and Option B - Additional for less than 5 multiples, are under age 50 and 60 days have not elapsed since your marriage, or acquisition of a child, you may increase the multiple by one for each added family member.
6. After your marriage or acquisition of a child. If you are enrolled for Basic Life, are under age 36 and 60 days have not elapsed since your marriage or acquisition of a child, you may enroll under Option - Additional.

(See reverse side)

Official Bureau Signature

FD-173 Information Concerning Last Federal Employment (Other than Naval or Military)

GENERAL

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records forms.

AUTHORITY

U. S. Code, Title 5, Section 301, and Chapters 83, 87, and 89.

PURPOSES AND USES

This information will be used by the FBI to determine your eligibility for continued participation in the Federal Employees Health Benefits Program and/or Federal Employees' Group Life Insurance without re-enrolling and to assist the agency in obtaining information from your previous Federal employer in order to calculate your service computation date and leave accrual rate.

EFFECTS OF NONDISCLOSURE

Disclosure of this information is voluntary; however, failure to provide it may result in a lapse in your Federal employee's health and life insurance as well as the possibility of you not receiving credit for your previous Federal civilian service in leave and retirement matters.