

REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

LEAVE BLANK	
JOB NO	NCL-47-83-11
DATE RECEIVED	8-17-83
NOTIFICATION TO AGENCY	
<small>a. In accordance with the provisions of 44 U.S.C. 3303a the disposal request including amendments is approved except for items that may be exempted. Disposal not approved is withdrawn in column 10.</small>	
1-16-84 <i>Date</i>	<i>[Signature]</i> <i>Archivist of the United States</i>

TO GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

1 FROM (AGENCY OR ESTABLISHMENT) HHS	
2 MAJOR SUBDIVISION SSA	
3 MINOR SUBDIVISION OMB	
4 NAME OF PERSON WITH WHOM TO CONFER Ernest P. Lardieri	5 TEL EXT 594-5770 <i>FWB</i>

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 2 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

- A Request for immediate disposal.
- B Request for disposal after a specified period of time or request for permanent retention.

C. DATE 8/12/83	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>[Signature]</i> Dr. George Deal	E. TITLE Department Records Management Officer
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7 ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
	<p>SSA-OMB <u>EMPLOYEE SERVICE FILES</u></p> <p><u>Notice of Intent Agreement</u></p> <p>This file documents the intent of employees either to cancel their Federal Employee Health Benefits Program (FEHBP) coverage or to continue their FEHBP coverage at their own expense while in a nonpay status. In addition to personal identifying information, the documentation lists options open to the employee for either continuing-payment or deferred-payment plans.</p> <p><u>Proposed Disposition</u></p> <p>A. <u>If Employee Continues FEHBP Coverage</u></p> <p>Destroy 3 years after all indebtedness to the Government for continued FEHBP coverage during the period in nonpay status covered by the Agreement has been satisfied.</p> <p>MASS DATA CHANGE SHEET NOT REQUIRED</p>	None	

2 items

copy to NNT, 1-17-84, EFB

7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
	<p>B. <u>If Employee Elects to Cancel FEHBP Coverage</u></p> <p style="text-align: right;">EC1-47-83-11</p> <p>Retain on right side of Official Personnel Folder (OPF) with Form SSA-2809, Health Benefits Registration Form.</p> <p style="text-align: right;">8-17-83</p> <p><u>Note:</u> If employment status changes, resulting in termination of FEHBP coverage on Form SF-2810, Notice of Change in Health Benefits Enrollment, forward the original Intent Agreement to HHS Central Payroll and retain a copy of the Intent Agreement in the OPF in accordance with disposition instructions for the OPF.</p>	None	