

## **Attachment 4: Receipt of Eligibility Verification Documents**

**[Insert Date]**

[Insert Employee Name and Address]

We have reviewed the documents you submitted in response to our request to verify that the person(s) listed below are eligible for coverage under your Federal Employees Health Benefits Program enrollment.

We have determined that the documents you submitted verify eligibility for the family member(s) listed.

1. [Insert Name of Verified Family Member]

Thank you for your prompt attention to our request. A copy of this letter will be provided to your employing office to include in your permanent official personnel file. However, please retain a copy of this letter for your records.

[Signature]

cc: Employing Office/Tribal Employer