

ATTACHMENT 6
SAMPLE LETTER NOTIFYING EMPLOYEE OF TIME LIMIT WAIVER

NAME
ADDRESS

Dear:

On *(date)* we notified you that you were eligible to make an election under the Federal Erroneous Retirement Coverage Corrections Act (FERCCA). Enclosed is a copy of that letter. That letter provided you with the retirement coverage options you could elect and given 6 months to elect your coverage option. This time limit has expired and you have failed to make an election. Therefore the default retirement coverage is *(state the default coverage)*. If you believe the reason you did not make your election within the time limit was for cause beyond your control, you can request a waiver of the time limit. You must request such a waiver in writing and submit documentation to show that you exercised due diligence but could not make an election within the time limit because of circumstances beyond your control. We will review the documentation submitted and provide you with a written notice of our decision. Send your request to:

(Insert name and address for sending the waiver request).

Sincerely,

Enclosure
Election notification letter