Standard Form 50
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296–33, Subch. 4

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
ROSEN,LARRY M			1/25/2014

FIRST ACTION

5–A. Code	5–B. Nature of Action
317	RESIGNATION
5–C. Code	5–D. Legal Authority
V8V	38 U.S.C., CH. 74
5–E. Code	5–F. Legal Authority

SECOND ACTION

6–A. Code	6–B. Nature of Action
6–C. Code	6–D. Legal Authority
6–E. Code	6–F. Legal Authority

7. FROM: Position Title and Number	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis
PHYSICIAN 000000	VM	0602	PHYS	04	$272,334	PA

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay
$108,864	$163,470	$272,334	$0

15. TO: Position Title and Number	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
VA SOUTHERN NEVADA HCS CLINICAL SUPPORT LAS VEGAS NV	

EMPLOYEE DATA

23. Veterans Preference	24. Tenure	25. Agency Use	26. Veterans Preference for RIF
1 (1 – None, 2 – 5–Point, 3 – 10–Point/Disability, 4 – 10–Point/Compensable, 5 – 10–Point/Other, 6 – 10–Point/Compensable/30%)	1 (0 – None, 1 – Permanent, 2 – Conditional, 3 – Indefinite)		YES [ ] NO [X]

27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant
G0 BASIC + OPTION B (1X)	9 NOT APPLICABLE	0 REGULAR RATE

30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part–Time Hours Per Biweekly Pay Period
K FERS & FICA	9/30/2007	F FULL-TIME	

POSITION DATA

34. Position Occupied	35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
2 (1 – Competitive Service, 2 – Excepted Service, 3 – SES General, 4 – SES Career Reserved)	E (E – Exempt, N – Nonexempt)		

38. Duty Station Code	39. Duty Station (City – County – State or Overseas Location)
	LAS VEGAS NV

40. Agency Data	41.	42.	43.	44.

45. Remarks

ASSIGNMENT: RADIOLOGY-DIAGNOSTIC
EMPLOYEE GAVE NO REASON FOR RESIGNATION.
LUMP SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.
FORWARDING ADDRESS: (b) (6) [redacted]
ARPA [redacted]
P & D MARKET PAY IS AUTHORIZED UNDER P. L. 108-445 AND IS BASE PAY FOR RETIREMENT, LIFE INSURANCE, AND OTHER BENEFITS RELATED TO BASIC PAY.
TOTAL PAY DETERMINED BY P&D PAY TABLE 4
SF 2819 WAS PROVIDED. LIFE INSURANCE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (NONGROUP CONTRACT).
HEALTH BENEFITS COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (NONGROUP CONTRACT). YOU ARE ALSO ELIGIBLE FOR TEMPORARY CONTINUATION OF YOUR FEHB COVERAGE FOR UP TO 18 MONTHS.

46. Employing Department or Agency	47. Agency Code	48. Personnel Office ID	49. Approval Date	50. Signature/Authentication and Title of Approving Official
DEPARTMENT OF VETERANS AFFAIRS	VA TA		1/25/2014	CHIEF HUMAN RESOURCES ELECTRONICALLY SIGNED

FEHB
Federal Employees Health Benefits Program

Notice of Change in Health Benefits Enrollment

Part A - Employee Identifying Information

1. Name *(Last, first, middle initial)*	2. Date of birth	3. Social security number
Rosen, Larry M.	[redacted]	[redacted]
4. Home address *(including ZIP Code)*	**5. Payroll office number**	**6. Enrollment code number**
(b) (6) [redacted]	[redacted]	[redacted]
	7. SF 2811 Report number	**8. Date this action becomes effective**
		01/25/2014

Only the item that is checked below affects your enrollment. Read that item carefully and follow any pertinent instructions.
Keep this form for your records.

Part B - Termination

[X] Your enrollment terminates on the date in Part A, item 8, above. However, your coverage is extended for 31 days after that date.

Important Notice: **You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.**

If termination is due to death of enrollee enter date of death | Date of death (mo, dy, yr)

Part C - Transfer In

[ ] The new Payroll Office (or Retirement System) shown in Part H below has accepted transfer of this enrollment and will continue it.

Part D - Reinstatement

[ ] Your enrollment has been reinstated effective on the date in Part A, item 8, above.

Part E - Change in Name of Enrollee

[ ] The name under which this enrollment is carried has been changed to:

Name | Date of Birth

Address (including ZIP Code) if different from Part A, item 4, above.

Part F - Change in Enrollment: Survivor Annuitant

[ ] Your enrollment has been changed from family coverage to self only. Your plan will send you a new identification card. Your new enrollment code number is shown below. (Note: This item is completed by Retirement Systems only.)

New Enrollment Code Number

Part G - Remarks

Part H - Agency Notices

Note: Instructions for Employing Offices are on the back of Copy 4 of this form.

Name and address of agency *(including ZIP Code)*	Personnel contact and telephone number
Department of Veterans Affairs, HRMS [redacted]	(b) (6) [redacted]
	Payroll contact and telephone number [redacted]
Signature of authorized agency off [redacted]	Date 01/24/2014

Notice of Conversion Privilege
Federal Employees' Group Life Insurance Program

Part A - Instructions to Employing Agency

Complete Part A of this form whenever an employee's life insurance coverage terminates due to separation, resignation, retirement, death or end of 12 months in non-pay status. On the date insurance terminates (except by waiver), give this notice to every employee and/or the assignee(s), if applicable, and to the family of each deceased employee who had the Option C-Family coverage. Also, upon request, give this notice to the family of an eligible employee who does not convert his or her Option C-Family insurance.
If this notice is prepared for a retiring employee, forward Part 2 (duplicate) to OPM with the employee's retirement papers. Otherwise, place Part 2 (duplicate) in the employee's Official Personnel Folder.

1. Name of employee	2. Date of birth *(mo., day, yr.)*	3. Date insurance terminated
Rosen, Larry M.	(b) (6)	Jan 25, 2014

4. Was employee insured for Option C-Family insurance on date in item 3?		Yes	X	No

[redacted]

5. Signature of authorized agency official	6. Name and mailing address of agency
[redacted] agency official	VA Southern Nevada Healthcare System (b) (6)
Chief HRMS	
9. Telephone number [redacted]	10. Date of this notice *(mo., day, yr.)* Jan 24, 2014

Part B - Conversion Information for Employees, Assignees, and Family Members Who are Losing FEGLI Coverage

If you are eligible and you will be carrying all of your Federal Employees' Group Life Insurance (FEGLI) coverage into retirement, do not apply for conversion. Employees (and assignees, if applicable) and their family members who are losing FEGLI coverage, however, may be eligible and wish to convert some or all of their coverage to an individual direct-pay policy.

Employees - If you have not assigned your FEGLI coverage, you are entitled to convert to an individual direct-pay policy unless, within 3 calendar days after the date your insurance terminates, you return to a Government position that qualifies you to reacquire FEGLI coverage. You may purchase an individual policy in an amount equal to or less than your Basic life insurance plus any optional coverage you may have.

Assignees - You are entitled to convert your share of the insured's FEGLI coverage to an individual direct-pay policy unless, within 3 calendar days after the date the insured's insurance terminated, he/she returns to a Government position that qualifies him/her to reacquire FEGLI coverage. If that is the case, his/her previous assignment is still valid. You may purchase an individual policy in an amount equal to or less than the amount of insurance which the insured assigned to you.

Family members - If, upon termination of the employee's FEGLI coverage, he/she does not convert Option C-Family coverage (if any), you, as an eligible family member, may do so. Spouses may convert up to $5,000, and eligible children up to $2,500 each. Eligible family members are the employee's spouse and unmarried dependent children under age 22 (including adopted children, stepchildren who lived with the employee in a regular parent-child relationship, and recognized natural children) and unmarried dependent children over age 22 who are incapable of self-support because of a mental or physical disability that existed before they reached age 22.

Your time to convert is limited - You must mail your request for information regarding conversion within 31 days of the date in item 3 of Part A above, or within 31 days of the date you receive this notice, whichever gives you more time. If you fail to request conversion information within the 31-day time limit due to a cause beyond your control, you may be allowed to convert your life insurance within six months after the date in item 3, provided you attach a full explanation of what prevented you from making a timely request. If approved, the effective date of the conversion policy will be retroactive to the day following the day group coverage ended.

Note: Under certain circumstances, life insurance is payable if death occurs within 31 days after the group life insurance terminates, regardless of whether conversion has been requested. However, extension of the conversion privilege beyond 31 days does not extend coverage under any circumstances. If death occurs within the 31-day period, further information concerning possible benefits may be obtained from the agency named in item 6 above.

General information about conversion

- If you have assigned your FEGLI coverage, you can **only** convert your Option coverage (if any). Your assignee(s) retain(s) the right to convert your other coverage(s).
- No medical examination is required.
- You or the assignee(s), if applicable, must pay the premium applicable to the individual policy.
- The government will not pay any part of the individual policy premium.
- The individual policy will be issued by an insurance company you select from the list of eligible companies you will receive if you apply for conversion.
- The individual policy may be an ordinary life policy or a variation of ordinary life (see Part D). It must be a type of insurance customarily issued by the insurance company you select. However, it cannot be term insurance or universal life insurance or any other form of life insurance that has an indeterminate premium. It cannot have disability or accidental death and dismemberment benefits.

How to convert

1. Complete the appropriate eligibility statement on the reverse side of this form and mail it to the Office of Federal Employees' Group Life Insurance (OFEGLI), 200 Park Avenue, New York, NY 10166-0188.
2. If you have an SF 2821, Agency Certification of Insurance Status, attach the original (Part 1) to this form when you mail it to OFEGLI. Note: Retiring employees (and assignees of those employees) who are continuing Basic Life insurance but converting one or more of the options should submit their duplicate (Part 2) of the SF 2821 with this form to OFEGLI. The original (Part 1) of the SF 2821 should be submitted with the retirement application. OFEGLI will mail you detailed information on how to apply for conversion, together with a list of eligible insurance companies. You have 31 days (from the date in item 3 of Part A above, or the date you receive this notice, whichever gives you more time) to request conversion information from OFEGLI.
3. In the event you do not have an SF 2821, you should request a completed form from the employing agency before the expiration of your 31 day time limit and forward it to OFEGLI at the address given in item 1 above. **However, don't delay sending the SF 2819 requesting conversion information to OFEGLI -- send it anyway while you await the SF 2821.**
4. If you are using this form to convert some of your life insurance coverage, but not Option C, have your employing office prepare another SF 2819 for your family members.

Agency Certification of Insurance Status

Federal Employees Group Life Insurance

Federal Employees' Group Life Insurance Program

To Agency: See reverse for information and instructions

1 Name of employee *(Last, first, middle)*	2 Date of birth *(Month, day, year)*	3 Social Security number
Rosen, Larry M.	[redacted]	(b) (6)

4a Event requiring certification

- [X] Separation *(includes resignation)*
- [ ] Retirement
- [ ] Death as an employee
- Had employee filed Application for Retirement *(SF 2801 or SF 3107)* with OPM?
  - [ ] No
  - [ ] Yes
- [ ] Death as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other (Specify)

4b Employee's retirement system

- [X] CSRS/FERS
- [ ] CIA
- [ ] Other *(Specify)*
- [ ] TVA
- [ ] FICA
- [ ] DCRS*
- [ ] FSRS *D C Police & Fire/Public School Teachers

4c OWCP number *(if applicable)*

5 Disposition of Designations of Beneficiary *(SF 54, SF 2823)*

- [ ] Attached
- [X] None on file with this agency
- [ ] On file in employee's Official Personnel Folder

6 Did the employee assign his/her insurance?

- [ ] No
- [ ] Yes (attach *RI 76-10*)

7 Did the employee elect living benefits? Amount elected *(check one and attach EOB)*

- [ ] No
- [ ] Yes → [ ] Partial (post-election BIA $ _____) [ ] Full

8 Date of event checked in item 4a	9 Date of SF 2819, *Notice of Conversion Privilege* - **Issuance Is Mandatory** *(Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)*
01/24/2014	01/25/2014

10 Annual basic pay (not basic insurance amount) on date in item 8 *(Convert hourly, daily, piecework, etc., rate to annual rate)*	11 Effective date of continuous coverage under the FEGLI Program *(If any break in service, list dates)*
$108,864.00	09/30/2007

12a Did employee have Option A - Standard Insurance on date in item 8?

- [X] No
- [ ] Yes → 12b Amount of Option A; 12c Effective date of election

13a Did employee have Option C - Family Insurance on date in item 8?

- [X] No
- [ ] Yes → 13b Effective date of election

14a Did employee have Option B - Additional Insurance on date in item 8?

- [ ] No
- [X] Yes →

14b Effective date of election	14c Number of multiples on date in item 8	14d Lowest number of multiples during last 5 years
02/11/2012	1	1

15. Personnel records certification ***(This form will not be accepted without both personnel and payroll certification.)***

I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8.

15a Signature of certifying official (Facsimile not acceptable)	15e Name and address of agency *(Including ZIP Code)*
[redacted]	VA Southern Nevada Healthcare System Rancho Courtyard (b) (6)
[redacted] ing official	
Title Chief HRMS	
15d Date 01/24/2014	15f Telephone number *(Including area code)* [redacted]

16. Payroll records certification ***(This form will not be accepted without dual certification.)***

I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (Insurance code and SF 50 equivalent) on the date in the item 8.

Alpha code: G0

16a Signature of certifying official (Facsimile not acceptable)	16f Name and address of payroll office *(If different from that given in item 15e)*
[redacted]	VA Southern Nevada Healthcare System 6900 North Pecos Road North Las Vegas, NV 89086
Payroll Technician	
16d Date 01/24/2014	16e Telephone number *(Including area code)* (b) (6) [redacted]
	16g Payroll office number [redacted]
Remarks *(For agency use only)*	OPM use only

PART 1 - Original