U.S. HOUSE OF REPRESENTATIVES
HEALTH DESIGNATION FORM FOR CALENDAR YEAR 2015

Please use this form to designate your employees' health care eligibility for calendar year 2015. The form is due to the Payroll and Benefits Office (B-215 LHOB) by close of business on September 15, 2014.

Please note that all 2014 staff designations expire at the end of the calendar year. If you elect to not submit a 2015 annual designation for an employee, the Chief Administrative Officer (CAO) will designate that employee for calendar year 2015 as described in the DELEGATION option below.

FROM: _____
(Employing Office)

TO: THE CHIEF ADMINISTRATIVE OFFICER OF THE HOUSE

I have determined that the below employee(s):

(choose only one box)

☐ **DO** meet the definition of "congressional staff" in **5 C.F.R. § 890.101. (DC Health Link)**

☐ **DO NOT** meet the definition of "congressional staff" in **5 C.F.R. § 890.101. (FEHBP)**

OR

☐ **DELEGATION OPTION**
I delegate my authority to the Chief Administrative Officer to determine whether my employees meet the definition of "congressional staff" in 5 C.F.R. § 890.101. I understand that the Chief Administrative Officer will designate the individual as "congressional staff" if they are paid exclusively from the MRA(s).

EMPLOYEE ID (Social Security Number if new employee)	**LAST NAME**	**FIRST NAME**

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_____
(Date)

_____
(Signature of Employing Authority)

_____
(Type or print name of Employing Authority)

_____
(District/State, Committee, or Leadership Office)