

The following was contributed by Betty Warren, Chapter 974, Virginia Beach.

Include a Resinstatement Form, with the lapsed person's NARFE ID # and Dues Amount (for National and your Chapter) already filled out. These forms (both pg. 1 and 2) are available at www.vanarfe.org. You may wish to also include other materials, such as a brochure and form for Dues Withholding.

Name and Address of Chapter Lapsed Member

Dear _____,

In reviewing the most recent membership roster from NARFE's National office, I was disappointed to find your name listed as having been dropped from membership in NARFE.

One of the benefits of federal retirees is continued participation in the Federal Employees Health Benefits Program (FEHBP). Despite the dramatic increase in costs over the past few years, our health insurance premiums have not risen as high as some other large insurance programs available to retirees, because we are in the same insurance pool as current federal employees. Proposed changes to the FEHBP, such as the introduction of medical savings accounts and other so-called "consumer-based" plans, could cause younger employees to migrate to lower cost plans. This would drive up the cost of conventional health insurance plans – the plans annuitants currently need and can afford. NARFE has been advocating before Congress to prevent major changes to the FEHBP.

For these reasons and many more, your support and membership in NARFE makes a difference. We need NARFE to protect and strengthen our future on Capitol Hill. NARFE provides its members invaluable information on the real impact of proposed legislation. Our NARFE representatives need to be able to say they represent increasing numbers of federal employees and retirees. Elected officials should know that large numbers of NARFE members are an aware, concerned force, united to protect the future of the federal community. Our strength is in numbers. The power to change is in your hands.

Please reinstate your membership today. Check the appropriate box on the enclosed reinstatement form. Make your check payable to NARFE in the amount of \$ _____ or provide the credit card information requested. Mail in the enclosed envelope.

Sincerely,

your name
Membership Chair
Chapter XXXX
Phone #