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**Identification Designator:**

Standard form 2810

**Document Title:**

Notice of change in health benefits enrollment

**Parts Quantity:**

4

**Interleaved W/carbon Paper Feature:**

Included

**Sheet Width:**

8.000 inches

**Sheet Length:**

10.500 inches

**Shelf Life:**

N/a

**Unit Of Measure:**

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**Demilitarization:**

No

**Fiig:**

T393-d