

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**D.C. Department of Human Resources**

**District Personnel Manual Issuance System**

This instruction should be filed behind the divider for Part III of DPM Chapter(s) 21A & 21B
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**DPM Instruction No. 21A-6 & 21B-11**

**SUBJECT:** Permissible Changes for Employees Under the Federal Employees' Health Benefits Program (FEHB) and the District of Columbia Employees' Health Benefits Program (DCEHB) Electing Premium Conversion **Date:** December 19, 2008

**NOTE:** This instruction supersedes DPM Instruction No. 21A-5 & 21B-7, on the same subject, dated July 27, 2004.

**1. Purpose**

The purpose of this instruction is to provide District government agencies and employees with the updated Table of Permissible Changes for employees covered under the Federal Employees' Health Benefits Program (FEHB) and the District of Columbia Employees' Health Benefits Program (DCEHB) who are receiving premium conversion tax benefits.

Premium conversion tax benefits allow an employee to allot a portion of his or her salary back to the employer, which the employer then uses to pay the employee's health insurance coverage. This allotment is made on a pre-tax basis, which means that the money is not subject to federal income, Medicare, or Social Security taxes. In most States and many localities that impose an income tax, the allotment will not be subject to those taxes as well, therefore, increasing an employee's take-home pay and lowering his or her annual tax burden. The District government will continue to contribute its share towards the total premium cost.

**2. Coverage**

a. The FEHB is applicable to:

- (1) Individuals first employed by the District government before October 1, 1987 in positions subject to health benefits, who are still employed without having had a break in service of one (1) workday or more since that date; and
- (2) Individuals first employed by the District government before October 1, 1987 in positions subject to health benefits, who subsequently terminate such employment and become reemployed with the District government on or after October 1, 1987.

*Note: DPM Instructions that are strictly procedural in nature have direct applicability only to agencies and employees under the personnel authority of the Mayor. Other personnel authorities or independent agencies may adopt any or all of these procedures or guidance materials for agencies and employees under their respective jurisdictions. [See DPM Chapter 2, Part II, Subpart 1, § 1.3]*

**Inquiries:** DCHR, Benefits and Retirement Administration, 442-9655

**Distribution:** Heads of Department and Agencies, HR Advisors and DPM Subscribers

**Retain Until Superseded**

- b. The DCEHB is applicable to individuals first employed by the District government on or after October 1, 1987.

**3. Provisions**

- a. All employees participating in the FEHB and the DCEHB Programs automatically participate in premium conversion, unless they elect to waive participation. There are tax benefits for participating in premium conversion, and employees may cancel or change to a "Self Only" plan only during annual open enrollment, or when a Qualifying Life Event (QLE) occurs.
- b. For the purposes of this instruction, premium conversion events are divided into the four (4) categories listed below:
- (1) Events not affected by premium conversion – Eligible employees may enroll in the FEHB or DCEHB Programs, make an open season health benefits election, and participate in or waive participation in premium conversion:
  - (2) Events permitted by the FEHB, DCEHB, and Internal Revenue Service (IRS) regulations – Employees may make any election that is consistent with the QLE list in Attachment 1 of this instruction;
  - (3) Events included in the FEHB regulations only – Eligible employees may only enroll, change from "Self Only" to "Self and Family," or change from one plan or option to another; and
  - (4) Events permitted by the IRS regulations only – Eligible employees may only change from "Self and Family" to "Self-Only," cancel, and elect to participate in or waive participation in premium conversion.
- c. Eligible employees have thirty (30) days from their date of hire to enroll in the applicable health benefits program.
- d. Eligible employees who waive pre-tax treatment of FEHB or DCEHB health insurance premium contributions must complete the District of Columbia Government Health Insurance Pre-Tax Waiver Form (Attachment 2).
- e. The FEHB Premium Conversion Table is available at [www.opm.gov/insure/health/reference/handbook/fehb00.asp](http://www.opm.gov/insure/health/reference/handbook/fehb00.asp).

  
Brender L. Gregory  
Director

Attachment 1: Table of Permissible Changes

Attachment 2: District of Columbia Government Health Insurance Pre-Tax Waiver Form

## Table Of Permissible Changes

[Some of the events/codes below apply to federal government employees only.]

Premium conversion rules do not affect codes 1A and 1B. Code 1A includes the initial opportunities that entitle employees to enroll in the FEHB/DCEHB Program. At the time employees enroll in the FEHB/DCEHB Program, you should ensure that **they understand that enrollment in premium conversion is automatic unless they complete and return a waiver election form to the personnel office.** Additionally, when they are under premium conversion, employees must understand that they cannot change to a Self Only enrollment or cancel at anytime. They must have a QLE or wait until the annual Open Season to make these changes.

### **Code 1A - Initial Opportunity to Enroll:**

**Elections** - Employees may enroll or waive participation in premium conversion only under this event. Participation in premium conversion is **automatic** for all employees who enroll under this event unless they waive it.

**Time Limit** – Employees must enroll within 60 days after becoming eligible.

**Effective Date** - General rule.

In rare instances, employees may wish to change their enrollment election. They may change their enrollment as long as their personnel office receives the request within 60 days after they become eligible for coverage. The effective date of the change is prospective.

**Code 1B - Open Season:** This event applies to all employees eligible to enroll or make an enrollment change:

**Elections** - IRS regulations governing premium conversion, like FEHB/DCEHB regulations, permit employees to make any type of election during the annual open season. For all open season enrollments, **participation in premium conversion is automatic** unless waived. Employees must be reminded that their premium conversion election remains in effect until they elect to change it during a future open season or when a QLE occurs.

**Time Limit** – The D.C. Department of Human Resources (DCHR) announces the date of an open season. Generally, open season is held beginning on the Monday of the second full workweek in November until the Monday of the second full workweek in December. Employees must submit their elections during this period.

**Effective Date** - Open season enrollments are effective on the first day of the first pay period that begins in the next year and that follows a pay period during any part of which the employee is in pay status.

Employees in nonpay status (including LWOP) during the open season who want to enroll may do so. However, **this enrollment cannot become effective until they are in pay status.** An open season enrollment change is effective on the first day of the first pay period that begins in January of the next year.

A cancellation made during the open season is effective at midnight of the day before the first day of the first pay period that begins in the next year.

The events in this group are included as events in both the FEHB/DCEHB and IRS regulations. Thus, employees can make any elections permitted within the time limits shown. However, there will be some exceptions to the elections, time limits, and effective dates in some of the events, as shown below.

**Code 1C - Change in Family Status:**

**Elections** - Employees may make any election as shown on the table. Generally, employees may make a change to a Self Only enrollment only if the QLE causes the last family member to be ineligible for coverage, or if they can show that the QLE caused all eligible family members to acquire other coverage. Employees may cancel their coverage only if they can show that the QLE caused them and all eligible family members to have other health insurance coverage.

When both an employee and spouse are employees, FEHB/DCEHB regulations permit them to enroll in two self only plans when their last child becomes ineligible for coverage. Please coordinate with the spouse's agency to prevent any gap in coverage.

**Time Limits** - Generally, the time limit is within 60 days after a change in family status. **EXCEPTION:** *Employees who enroll, change from Self Only to Self and Family, or from one plan or option to another, may do so 31 days before the event to assure coverage when the change in family status occurs.*

**Effective Date**

1. Generally, a change to Self and Family due to marriage is effective according to the general rule. However, if you receive the request the pay period before the date of the marriage, the enrollment change is effective the first day of the pay period in which the marriage occurs. The spouse is not eligible for FEHB/DCEHB coverage as an eligible family member, however, until the date of the marriage.
2. An enrollment or change due to the addition of a child as a new family member is effective on the first day of the pay period in which the child is born or becomes an eligible family member.
3. A change to Self Only is effective on the first day of the first pay period that begins after the date the employing office receives the request. However, at the employee's request, and upon a showing satisfactory to the employing office that no family member was eligible for coverage, you may make it effective on the first day of the pay period after the one in which there was no family member.

**Code 1D - Change in employee's employment status that could result in entitlement to coverage:**

**Election** - Employees may enroll in the FEHB/DCEHB Program. Changes from self only to self and family, from one plan or option to another, from Self and Family to Self Only, or a cancellation are not applicable. **Employees must be informed that premium conversion is automatic unless waived.**

**Time Limit** - Within 60 days after employment status change.

**Effective Date** - General rule.

You must use this event code to allow employees whose coverage previously terminated because they: 1) were reemployed after a break in service of more than 3 days, 2) were in a nonpay status, or 3) began receiving sufficient pay to re-enroll when they become eligible again. When employees begin nonpay status or their pay is insufficient to withhold premiums, you must give them an opportunity to terminate coverage. A termination differs from a cancellation as it provides a 31-day temporary extension of coverage, allows conversion to non-group coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.

**Code 1E - Change in employee's employment status that affects cost of insurance:**

**Elections** - Employees may make any election shown on table.

**Time limit** - Within 60 days after employment status change.

**Effective Date** - General rule.

**Code 1F - Employee is restored to a civilian position after serving in uniformed services:**

**Elections** - Employees may make any election shown on table.

**Time limit** - Within 60 days after return to civilian position.

**Effective Date** - General rule.

Employees who enter active military service must be given an opportunity to terminate coverage. If an employee decides to terminate his/her coverage or it terminates after the 24\* months permitted by the Uniformed Service Employment and Reemployment Rights Act (USERRA), coverage is automatically reinstated on the date the employee is restored to his/her civilian position under 5 CFR Part 353. Employees who are not eligible for automatic reinstatement may re-enroll within 60 days after the date of reemployment.

**Code 1H - Salary of temporary employee becomes insufficient to make withholdings for plan in which enrolled:**

**Election** - Employees may change from one plan or option to another, change to a Self Only enrollment, cancel an enrollment, or elect to participate in or waive participation in premium conversion. Although the table indicates that the employee may cancel, this cancellation is technically a termination, and a SF 2810 must be used to document this action. This distinction is important, as a termination gives a 31-day temporary extension of coverage, allows an employee to convert to non-group coverage with his/her insurance carrier, and insures that the time the employee is not enrolled will not count against the employee for purposes of meeting the requirements for continuing FEHB/DCEHB after retirement.

**Time Limit** - Within 60 days after receiving the notice from the employing agency that the employee's pay is insufficient.

**Effective Date** - A change of enrollment is effective immediately upon termination of the prior enrollment. A termination is effective at the end of the last pay period for which withholding was made.

**Code 1I - When employees enrolled in an FEHB HMO or covered family members move or become employed outside of the service area:**

**Election** - FEHB rules permit employees to change from Self Only to Self and Family or one plan or option to another. Please refer to event 1M on the Premium Conversion Table for employees who wish to change to Self Only, cancel, or waive their premium conversion election.

**Time Limit** - Upon notifying employing office of the move. FEHB regulations have this time limit so that

[\*Note: The health insurance coverage was extended from 18 to 24 months for service members activated for duty on or after December 10, 2004 under USERRA.]

employees and their family members will have continuous coverage when they move. This was made a separate event due to the difference in time limit from event 1M.

**Effective Date** - General rule.

**Code 1J - A transfer from a post of duty within a state of the United States or District of Columbia to a post of duty outside of the United States or District of Columbia, or the reverse:**

**Election** - Employees may make any election shown on the table.

**Time Limit** – 60 days after employees arrive at new post. **EXCEPTION: Employees, who enroll, change from self only to self and family or from one plan or option to another may do so 31 days before the transfer to assure coverage when they arrive at their new post.**

**Effective Date** - General rule.

**Code 1L - Employee becomes entitled to Medicare:**

**Election** - Under FEHB rules, employees may make a one-time only change from one plan or option to another. Please refer employees who wish to change to Self Only or to cancel to event 1M on the Premium Conversion Table.

**Time Limit** - Any time beginning on the 30<sup>th</sup> day before becoming eligible for Medicare.

**Effective Date** - General rule.

**Code 1M - Employee or family member loses FEHB/DCEHB or other insurance coverage:**

**Election** - Employees may make any election shown on the table.

**Time Limit** – 60 days after the loss of coverage. **EXCEPTION: Employees may enroll, change from Self Only to Self and Family, or from one plan or option to another beginning 31 days before the event to prevent gaps in coverage when the loss of other health insurance occurs.**

**Effective Date** - General rule.

When employees in an employee organization sponsored plan fail to pay membership dues, the employee organization terminates the employees' membership. The employee organization sponsored FEHB plan will notify the personnel office to **terminate** the employees' FEHB coverage.

**Code 1N - Loss of coverage under a non-federal group health plan because an employee moves out of the commuting area to accept another position and the spouse terminates employment to accompany the employee:**

**Election** - Employees may make any election shown on the table.

**Time Limit** - From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area. The time limit for this event provides coverage to all family members if they need to delay their move for any reason.

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**Effective Date** - General rule.

**Code 1O - Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan:**

**Election** - Employees may make any election shown on the table.

**Time Limit** – During open season, unless the U.S. Office of Personnel Management (OPM) sets a different time. If the plan discontinues at the end of the contract year (December 31), the employee must request an enrollment change during the annual open season. If a plan discontinues at any other time of the year, the OPM establishes a time limit.

**Effective Date** - When a plan discontinues at the end of the contract year, the effective date of the enrollment change is the same as an open season change. The OPM establishes the effective date when the plan discontinues at another time of the year.

If a plan has 2 options and 1 of the options discontinues, employees who fail to select another plan must be placed in the remaining option of the plan. If an entire plan discontinues, an employee who does not select another FEHB plan is considered to have canceled for purposes of meeting the requirements for continuing FEHB after retirement. In addition, such an employee does not get a 31-day temporary extension of coverage and may not convert to non-group coverage.

***Event included in the FEHB/DCEHB regulations only***

**Code 1K - Separation from federal employment when the employee or employee's spouse is pregnant:**

**Election** - Employees may make the elections shown on the table.

**Time Limit** - During the employee's final pay period.

**Effective Date** - The first day of the final pay period.

The FEHB enrollment terminates on the last day of the pay period in which the employee separates from service. However, employees are eligible for a 31-day temporary extension of coverage after that date. The purpose of this event is to provide coverage for a child in the event he/she is born during the 31-day extension period. Separating employees can then enroll in Temporary Continuation of Coverage that begins on the 32<sup>nd</sup> day after the date of separation.

***Events permitted by IRS regulations only***

These events are included only in the IRS regulations. Consequently, FEHB regulations do not permit employees to enroll, change from Self Only to Self and Family, or change from one plan or option to another when these QLEs occur.

**Election** - Under IRS regulations, employees may only cancel or change to Self Only, or elect to participate in or waive participation in premium conversion.

**Time Limit** - Within 60 days after the QLE.

**Effective Date** - A cancellation is effective at midnight of the last day of the pay period in which the employing office receives the request to cancel.

A change to Self Only is effective on the 1<sup>st</sup> day of the 1<sup>st</sup> pay period that begins after the date the employing office receives the request.

**Code 1G - Beginning or end of nonpay status or insufficient pay if coverage did not terminate:**

This has been made a separate event from 1M and 1D because FEHB rules do not permit un-enrolled employees to enroll when starting a period of nonpay status. In addition, FEHB rules do not permit employees to enroll or change when a spouse or dependent begins or ends nonpay status.

If the employee's coverage terminated, see event 1D on the Premium Conversion Table. If coverage for the spouse or dependent terminated, see 1M on the Premium Conversion Table.

**Code 1P - Employee or eligible family member gains coverage under FEHB or another group health insurance plan:**

The first QLE under this event code is gaining Medicare coverage. FEHB rules permit employees to change plans or options when they become eligible for Medicare. See event 1L on the Premium Conversion Table. IRS rules permit an employee to make additional changes as shown in the table when he/she or an eligible family member becomes eligible for Medicare.

While TRICARE is included in this event code, acquiring TRICARE coverage in itself is not an event that permits a change in enrollment. There must be a QLE that causes the employee or family member to acquire TRICARE. For example, to be eligible to enroll in TRICARE for Life, an individual must enroll in Medicare Parts A and B. The enrollment in Medicare Part B makes an individual eligible for TRICARE for Life. The enrollment in Medicare is the QLE. If an employee defers enrolling in Part B of Medicare, he/she is not eligible for TRICARE for Life.

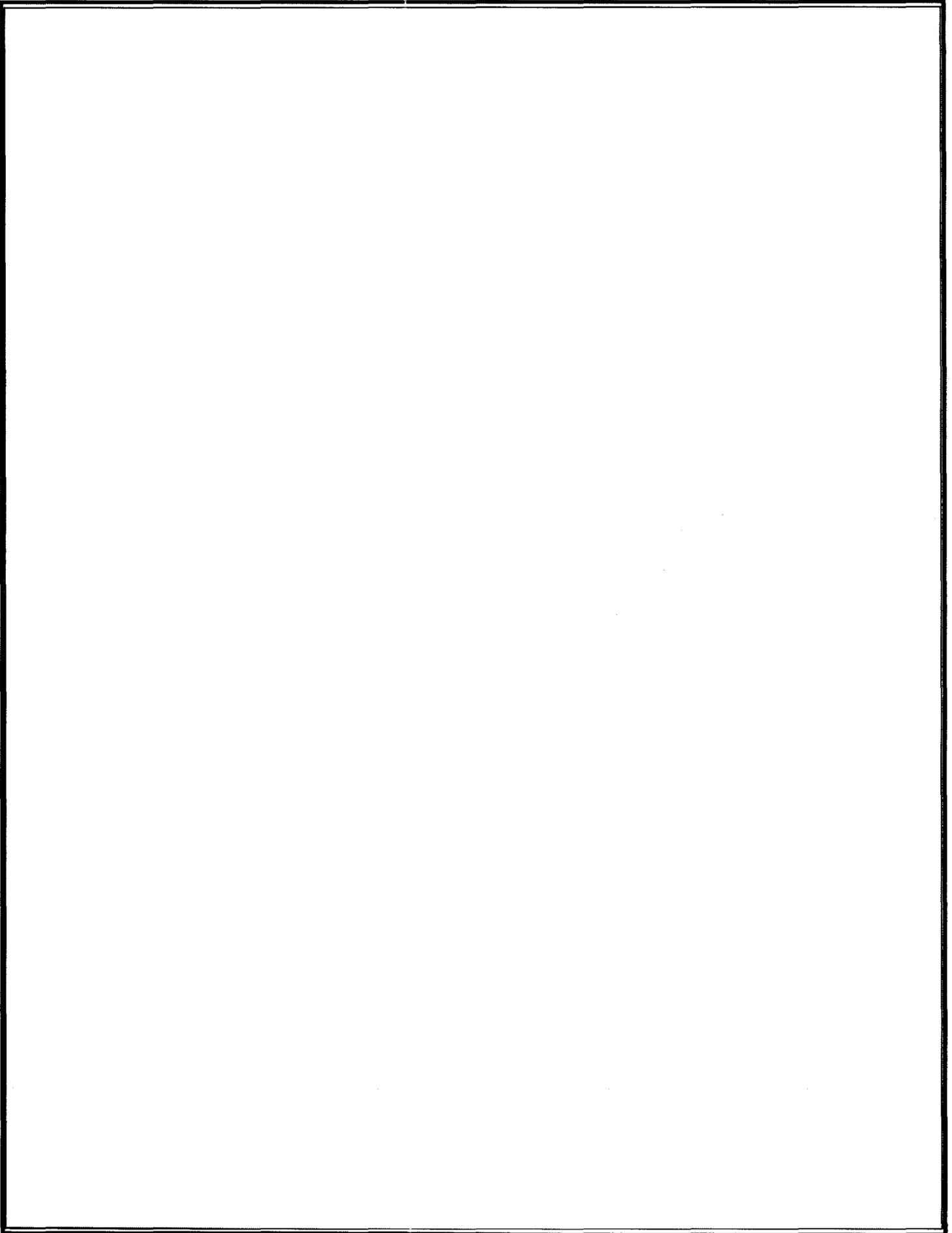
In addition, entering active military service or retiring as a reservist under 10 U.S.C. Chapter 67 is considered to be a change in employment status. The change in employment status is the QLE that causes the employee or family member to gain TRICARE coverage.

Employees have 60 days from the date they enroll in Medicare, enter active military service, or retire under 10 U.S.C. Chapter 67 to request a change to Self Only, to cancel, or to elect to participate in or waive participation in premium conversion. Otherwise, they must wait until the next FEHB open season.

Employees who change from one type of TRICARE coverage to another may not cancel FEHB or change to Self Only unless they are within 60 days of a QLE that permits these actions.

**Code 1O - Change in Spouse's or Dependent's Coverage Options**

This QLE includes changes in the coverage available to an eligible family member. Employees may only cancel, change to Self Only, or elect to participate in or waive participation in premium conversion within 60 days after QLE.



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
D.C. Department of Human Resources**

**HEALTH INSURANCE PRE-TAX WAIVER/ELECTION FORM**

This form is used to waive pre-tax treatment of employee health insurance premium contributions to the District's health insurance program. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your health insurance premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.

<b>I. PARTICIPANT INFORMATION</b>			
Last Name	First Name	MI	SSN
Agency	Office Phone	Home Phone	
<b>II. ELECTION TO WAIVE PARTICIPATION IN PRE-TAX HEALTH INSURANCE PROGRAM</b>			
I elect to waive participation in the pre-tax health insurance program. I would like to have my health insurance premiums deducted from my paycheck on an after-tax basis.			
Signature		Date	
<input type="checkbox"/> This is my initial opportunity to waive participation in the pre-tax health insurance program. <input type="checkbox"/> I am making this election to waive participation during Open Season. <input type="checkbox"/> I wish to waive participation in the pre-tax health insurance program on account of and in accordance with Qualifying Life Event.			
<b>III. ELECTION TO RESTORE PARTICIPATION IN PRE-TAX HEALTH INSURANCE PROGRAM</b>			
I elect to have my health insurance premiums deducted from my pay on a pre-tax basis. I understand that I may only change my pre-tax health insurance premiums deductions to an after tax basis subsequent Open Season or upon a Qualifying Life Event.			
Signature		Date	
<input type="checkbox"/> I am making this election to participate during the Open Season. <input type="checkbox"/> I wish to participate in the pre-tax health insurance program on account of and in accordance with a Qualifying Life Event.			
<b>IV. TO BE COMPLETED BY DC DEPARTMENT OF HUMAN RESOURCES STAFF ONLY</b>			
Approved <input type="checkbox"/>			
Disapproved <input type="checkbox"/>			
Effective Date: _____			
Authorized Agency Official: _____			
		Signature	Date

**Federal Employees Receiving Premium Conversion Tax Benefits  
Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election**

*CA Federal Plan*

Premium Conversion allows employees who are eligible for FEHB the opportunity to pay for their share of FEHB premiums with pre-tax dollars. Premium conversion plans are governed by Section 125 of the Internal Revenue Code, and IRS rules govern when a participant may change his or her election outside of the annual open season. All employees who enroll in the FEHB Program automatically receive premium conversion tax benefits, unless they waive participation. When an employee experiences a qualifying life event (QLE) as described below, changes to the employee's FEHB coverage (including change to self only and cancellation) and premium conversion election may be permitted, so long as they are because of and consistent with the QLEs. For more information about premium conversion, please visit [www.opm.gov/insure/health](http://www.opm.gov/insure/health).

Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election		FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in which Change May Be Permitted
Code	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only <sup>1</sup>	Participate	Waive	When You Must File Health Benefits Election Form With Your Employing Office
<b>1</b>	<b>Employee electing to receive or receiving premium conversion tax benefits</b>							
1A	Initial opportunity to enroll, for example: <ul style="list-style-type: none"> <li>New employee</li> <li>Change from excluded position</li> <li>Temporary employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a</li> </ul>	Yes	N/A	N/A	N/A	Automatic Unless Waived	Yes	Within 60 days after becoming eligible
1B	Open Season	Yes	Yes	Yes	Yes	Yes	Yes	As announced by OPM
1C	Change in family status that results in increase or decrease in number of eligible family members, for example: <ul style="list-style-type: none"> <li>Marriage, divorce, annulment, legal separation</li> <li>Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child</li> <li>Last dependent child loses coverage, for example, child reaches age 22 or marries, stepchild moves out of employee's home, disabled child becomes capable of self-support, child acquires other coverage by court order</li> <li>Death of spouse or dependent</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after change in family status
		<i>Employees may enroll or change beginning 31 days before the event.</i>						
1D	Any change in employee's employment status that could result in entitlement to coverage, for example: <ul style="list-style-type: none"> <li>Reemployment after a break in service of more than 3 days</li> <li>Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (If coverage did not terminate, see 1G.)</li> </ul>	Yes	N/A	N/A	N/A	Automatic Unless Waived	Yes	Within 60 days after employment status change
1E	Any change in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> <li>Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution</li> <li>Change from full time to part-time career or the reverse</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after employment status change
1F	Employee restored to civilian position after serving in uniformed services. <sup>2</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after return to civilian position

<b>Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election</b>		<b>FEHB Enrollment Change that May Be Permitted</b>				<b>Premium Conversion Election Change that May Be Permitted</b>		<b>Time Limits in which Change May Be Permitted</b>
<b>Code</b>	<b>Event</b>	<b>From Not Enrolled to Enrolled</b>	<b>From Self Only to Self and Family</b>	<b>From One Plan or Option to Another</b>	<b>Cancel or Change to Self Only</b>	<b>Participate</b>	<b>Waive</b>	<b>When You Must File Health Benefits Election Form With Your Employing Office</b>
1G	Employee, spouse or dependent: <ul style="list-style-type: none"> <li>• Begins nonpay status or insufficient pay<sup>3</sup> or</li> <li>• Ends nonpay status or insufficient pay if coverage continued</li> <li>• (If employee's coverage terminated, see 1D.)</li> <li>• (If spouse's or dependent's coverage terminated, see 1M.)</li> </ul>	No	No	No	Yes	Yes	Yes	Within 60 days after employment status change
1H	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Yes	Yes	Yes	Within 60 days after receiving notice from employing office
1I	Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. <sup>4</sup>	N/A	Yes	Yes	N/A (see 1M)	No (see 1M)	No (see 1M)	Upon notifying employing office of move
1J	Transfer from post of duty within a State of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse.	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after arriving at new post
		<i>Employees may enroll or change beginning 31 days before leaving the old post of duty.</i>						
1K	Separation from Federal employment when the employee or employee's spouse is pregnant.	Yes	Yes	Yes	N/A	N/A	N/A	During employee's final pay period
1L	Employee becomes entitled to Medicare and wants to change to another plan or option. <sup>5</sup>	No	No	Yes (Changes may be made only once.)	N/A (see 1M)	N/A (see 1M)	N/A (see 1M)	Any time beginning on the 30th day before becoming eligible for Medicare
1M	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following: <ul style="list-style-type: none"> <li>• Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment</li> <li>• Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan<sup>6</sup></li> <li>• Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service</li> <li>• Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy</li> <li>• Loss of coverage under a non-Federal health plan, including foreign, state or local government, private sector</li> <li>• Loss of coverage due to change in worksite or residence (Employees in an FEHB HMO, also see 1I.)</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage
		<i>Employees may enroll or change beginning 31 days before the event.</i>						
1N	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-Federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area
1O	Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan. <sup>7</sup>	Yes	Yes	Yes	Yes	Yes	Yes	During open season, unless OPM sets a different time

Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election		FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in which Change May Be Permitted
Code	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only	Participate	Waive	When You Must File Health Benefits Election Form With Your Employing Office
1P	<p>Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following:</p> <ul style="list-style-type: none"> <li>• Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L.)</li> <li>• TRICARE for Life, due to enrollment in Medicare.</li> <li>• TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under Chapter 67, title 10.</li> <li>• Medicaid or similar State-sponsored program of Medical assistance for the needy</li> <li>• Health insurance acquired due to change of worksite or residence that affects eligibility for coverage</li> <li>• Health insurance acquired due to spouse's or dependent's change in employment status (includes state, local, or foreign government or private sector employment).<sup>8</sup></li> </ul>	No	No	No	Yes	Yes	Yes	Within 60 days after QLE
1Q	<p>Change in spouse's or dependent's coverage options under a non-Federal health plan, for example:</p> <ul style="list-style-type: none"> <li>• Employer starts or stops offering a different type of coverage (<i>If no other coverage is available, also see 1M.</i>)</li> <li>• Change in cost of coverage</li> <li>• HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO</li> <li>• HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (<i>If no other coverage is available, see 1M</i>)</li> </ul>	No	No	No	Yes	Yes	Yes	Within 60 days after QLE

*(If you are a United States Postal Service employee, these rules may be different. Consult your employing office or information provided by your agency.)*

1. Employees may change to self only outside of open season only if **the QLE caused** the enrollee to be the last eligible family member under the FEHB enrollment. Employees may cancel enrollment outside of open season only if **the QLE caused** the enrollee and all eligible family members to acquire other health insurance coverage.
2. Employees who enter active military service are given the opportunity to terminate coverage. Termination for this reason does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement. Additional information on the FEHB coverage of employees who return from active military service will be forthcoming.
3. Employees who begin nonpay status or insufficient pay **must** be given an opportunity to elect to continue or terminate coverage. A termination differs from a cancellation as it allows conversion to nongroup coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.
4. This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who **change from self only to self and family or from one plan or option to another** a different timeframe than that allowed under 1M. For change to self-only, cancellation, or change in premium conversion status, see 1M.
5. This code reflects the FEHB regulation that gives employees enrolled in FEHB a one-time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to self only, cancellation, or change in premium conversion status, see 1P.
6. If employee's membership terminates (e.g., for failure to pay membership dues), the employee organization will notify the agency to **terminate** the enrollment.
7. Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.
8. Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.

**Tables of Permissible Changes in FEHB Enrollment for Individuals Who Are Not Participating in Premium Conversion**

Enrollment May Be Cancelled or Changed From Family to Self Only at Any Time

<b>QLE's That Permit Enrollment or Change</b>		<b>Change Permitted</b>			<b>Time Limits</b>
<i>Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
<b>2</b>	<b>Annuitant (Includes Compensationers)</b>  <i>Note for enrolled survivor annuitants:</i> A change in family status based on additional family members can only occur if the additional eligible family members are family members of the deceased employee or annuitant.				
2A	Open Season	No	Yes	Yes	As announced by OPM.
2B	Change in family status; for example: marriage, birth or death of family member, adoption, legal separation, or divorce.	No	Yes	Yes	From 31 days before through 60 days after the event.
2C	Reenrollment of annuitant who cancelled FEHB enrollment to enroll in a Medicare-sponsored plan, Medicaid, or similar State-sponsored program and who later was <i>involuntarily</i> disenrolled from the Medicare-sponsored plan, Medicaid, or similar State-sponsored program.	May Reenroll	N/A	N/A	From 31 days before through 60 days after disenrollment.
2D	Reenrollment of annuitant who cancelled FEHB enrollment to enroll in a Medicare-sponsored plan, Medicaid, or similar State-sponsored program and who later <i>voluntarily</i> disenrolls from the Medicare-sponsored plan, Medicaid, or similar State-sponsored program.	May Reenroll	N/A	N/A	During open season.
2E	Restoration of annuity or compensation (OWCP) payments; for example: <ul style="list-style-type: none"> <li>• Disability annuitant who was enrolled in FEHB, and whose annuity terminated due to restoration of earning capacity or recovery from disability, and whose annuity is restored;</li> <li>• Compensationers whose compensation terminated because of recovery from injury or disease and whose compensation is restored due to a recurrence of medical condition;</li> <li>• Surviving spouse who was covered by FEHB immediately before survivor annuity terminated because of remarriage and whose annuity is restored;</li> <li>• Surviving child who was covered by FEHB immediately before survivor annuity terminated because student status ended and whose survivor annuity is restored;</li> <li>• Surviving child who was covered by FEHB immediately before survivor annuity terminated because of marriage and whose survivor annuity is restored.</li> </ul>	Yes	N/A	N/A	Within 60 days after the retirement system or OWCP mails a notice of insurance eligibility.
2F	Annuitant or eligible family member loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.

<b>QLE's That Permit Enrollment or Change</b>		<b>Change Permitted</b>			<b>Time Limits</b>
<i>Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
2G	Annuitant or eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> <li>Loss of coverage under another federally-sponsored health benefits program;</li> <li>Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>Loss of coverage under Medicaid or similar State-sponsored program (but see events 2C and 2D);</li> <li>Loss of coverage under a non-Federal health plan.</li> </ul>	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
2H	Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.
2I	Annuitant or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
2J	Employee in an overseas post of duty retires or dies.	No	Yes	Yes	Within 60 days after retirement or death.
2K	An enrolled annuitant separates from duty after serving 31 days or more in a uniformed service.	N/A	Yes	Yes	Within 60 days after separation from the uniformed service.
2L	On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.
2M	Annuitant's annuity is insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Employing office will advise annuitant of the options.
<b>3</b>	<b>Former Spouse Under The Spouse Equity Provisions</b> <i>Note:</i> Former spouse may change to Self and Family only if family members are also eligible family members of the employee or annuitant.				
3A	Initial opportunity to enroll. Former spouse must be eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 (P.L. 98-615), as amended, the Intelligence Authorization Act of 1986 (P.L. 99-569), or the Foreign Relations Authorization Act, Fiscal Years 1988 and 1989 (P.L. 100-204).	Yes	N/A	N/A	Generally, must apply within 60 days after dissolution of marriage. However, if a retiring employee elects to provide a former spouse annuity or insurable interest annuity for the former spouse, the former spouse must apply within 60 days after OPM's notice of eligibility for FEHB. May enroll any time after employing office establishes eligibility.
3B	Open Season.	No	Yes	Yes	As announced by OPM.
3C	Change in family status based on addition of family members who are also eligible family members of the employee or annuitant.	No	Yes	Yes	From 31 days before through 60 days after change in family status.
3D	Reenrollment of former spouse who cancelled FEHB enrollment to enroll in a Medicare-sponsored plan, Medicaid, or similar State-sponsored program and who later was <i>involuntarily</i> disenrolled from the Medicare-sponsored plan, Medicaid, or similar State-sponsored program.	May reenroll	N/A	N/A	From 31 days before through 60 days after disenrollment.
3E	Reenrollment of former spouse who cancelled FEHB enrollment to enroll in a Medicare-sponsored plan, Medicaid, or similar State-sponsored program and who later <i>voluntarily</i> disenrolls from the Medicare-sponsored plan, Medicaid, or similar State-sponsored program.	May reenroll	N/A	N/A	During open season.

<b>QLE's That Permit Enrollment or Change</b>		<b>Change Permitted</b>			<b>Time Limits</b>
<b>Code</b>	<b>Event</b>	<b>From Not Enrolled to Enrolled</b>	<b>From Self Only to Self and Family</b>	<b>From One Plan or Option to Another</b>	<b>When You Must File Health Benefits Election Form With Your Employing Office</b>
3F	Former spouse or eligible child loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.
3G	Enrolled former spouse or eligible child loses coverage under another group insurance plan; for example: <ul style="list-style-type: none"> <li>Loss of coverage under another federally-sponsored health benefits program;</li> <li>Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>Loss of coverage under Medicaid or similar State-sponsored program (but see 3D and 3E);</li> <li>Loss of coverage under a non-Federal health plan.</li> </ul>	N/A	Yes	Yes	From 31 days before through 60 days after loss of coverage.
3H	Former spouse or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.
3I	Former spouse or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
3J	On becoming eligible for Medicare  (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning the 30th day before becoming eligible for Medicare.
3K	Former spouse's annuity is insufficient to make FEHB withholdings for plan in which enrolled.	No	No	Yes	Retirement system will advise former spouse of options.
<b>4</b>	<b>Temporary Continuation of Coverage (TCC) For Eligible Former Employees, Former Spouses, and Children.</b>				
	<i>Note:</i> Former spouse may change to Self and Family only if family members are also eligible family members of the employee or annuitant.				
4A	Opportunity to enroll for continued coverage under TCC provisions: <ul style="list-style-type: none"> <li>Former employee</li> <li>Former spouse</li> <li>Child who ceases to qualify as a family member</li> </ul>	Yes Yes Yes	Yes N/A N/A	Yes N/A N/A	Within 60 days after the qualifying event, or receiving notice of eligibility, whichever is later.
4B	Open Season: <ul style="list-style-type: none"> <li>Former employee</li> <li>Former spouse</li> <li>Child who ceases to qualify as a family member</li> </ul>	No No No	Yes Yes Yes	Yes Yes Yes	As announced by OPM.
4C	Change in family status (except former spouse); for example, marriage, birth or death of family member, adoption, legal separation, or divorce.	No	Yes	Yes	From 31 days before through 60 days after event.
4D	Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.	No	Yes	Yes	From 31 days before through 60 days after event.
4E	Reenrollment of a former employee, former spouse, or child whose TCC enrollment was terminated because of other FEHB coverage and who loses the other FEHB coverage before the TCC period of eligibility (18 or 36 months) expires.	May reenroll	N/A	N/A	From 31 days before through 60 days after the event. Enrollment is retroactive to the date of the loss of the other FEHB coverage.

<b>QLE's That Permit Enrollment or Change</b>		<b>Change Permitted</b>			<b>Time Limits</b>
<b>Code</b>	<b>Event</b>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Family</i>	<i>From One Plan or Option to Another</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
4F	Enrollee or eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> <li>• Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment (but see event 4E);</li> <li>• Loss of coverage under another federally-sponsored health benefits program;</li> <li>• Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>• Loss of coverage under Medicaid or similar State-sponsored program;</li> <li>• Loss of coverage under a non-Federal health plan.</li> </ul>	No	Yes	Yes	From 31 days before through 60 days after loss of coverage.
4G	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.
4H	Enrollee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
4I	On becoming eligible for Medicare.  (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.
<b>5</b>	<b>Employees Who Are Not Participating In Premium Conversion</b>				
5A	Initial opportunity to enroll.	Yes	N/A	N/A	Within 60 days after becoming eligible.
5B	Open Season.	Yes	Yes	Yes	As announced by OPM.
5C	Change in family status; for example: marriage, birth or death of family member, adoption, legal separation, or divorce	Yes	Yes	Yes	From 31 days before through 60 days after event.
5D	Change in employment status; for example: <ul style="list-style-type: none"> <li>• Reemployment after a break in service of more than 3 days;</li> <li>• Return to pay status following loss of coverage due to expiration of 365 days of LWOP status or termination of coverage during LWOP;</li> <li>• Return to pay sufficient to make withholdings after termination of coverage during a period of insufficient pay;</li> <li>• Restoration to civilian position after serving in uniformed services;</li> <li>• Change from temporary appointment to appointment that entitles employee receipt of Government contribution;</li> <li>• Change to or from part-time career employment.</li> </ul>	Yes	Yes	Yes	Within 60 days of employment status change.

<b>QLE's That Permit Enrollment or Change</b>		<b>Change Permitted</b>			<b>Time Limits</b>
<i>Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Family</i>	<i>From One Plan or Option to Another</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
5E	Separation from Federal employment when the employee is or employee's spouse is pregnant.	Yes	Yes	Yes	Enrollment or change must occur during final pay period of employment.
5F	Transfer from a post of duty within the United States to a post of duty outside the United States, or reverse.	Yes	Yes	Yes	From 31 days before leaving old post through 60 days after arriving at new post.
5G	Employee or eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> <li>• Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment;</li> <li>• Loss of coverage under another federally-sponsored health benefits program;</li> <li>• Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>• Loss of coverage under Medicaid or similar State-sponsored program;</li> <li>• Loss of coverage under a non-Federal health plan.</li> </ul>	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
5H	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.
5I	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area through 180 days after arriving in the new commuting area.
5J	Employee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside the area, moves or becomes employed further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
5K	On becoming eligible for Medicare  (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.
5L	Temporary employee completes one year of continuous service in accordance with 5 U.S.C. Section 8906a.	Yes	N/A	N/A	Within 60 days after becoming eligible.
5M	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Within 60 days after receiving notice from employing office.



Federal Employees  
Health Benefits Program

Form Approved:  
OMB No. 3206-0160

## Health Benefits Election Form

**Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)**

1. Enrollee name (last, first, middle initial)	2. Social Security number	3. Date of birth	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Home mailing address (including ZIP Code)		7. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	8. TRICARE <input type="checkbox"/>	9. Other insurance <input type="checkbox"/>
		10. Name of insurance		11. Insurance policy no.
12. Name of family member (last, first, middle initial)		13. Social Security number	14. Date of birth	15. Sex <input type="checkbox"/> M <input type="checkbox"/> F
17. Address (if different from enrollee)		18. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	19. TRICARE <input type="checkbox"/>	20. Other insurance <input type="checkbox"/>
		21. Name of insurance		22. Insurance policy no.

Name of family member (last, first, middle initial)	Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)		Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
		Name of insurance		Insurance policy no.

Name of family member (last, first, middle initial)	Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)		Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
		Name of insurance		Insurance policy no.

Name of family member (last, first, middle initial)	Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)		Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
		Name of insurance		Insurance policy no.

**Part B - Present Plan**

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

**Part D - Event Code**

1. Event code \_\_\_\_\_ 2. Date of event \_\_\_\_\_

**Part F - Cancellation**

I CANCEL my enrollment.  
My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

**Part H - Signature**

**WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)**

1. Your signature (do not print) \_\_\_\_\_ 2. Date (mm/dd/yyyy) \_\_\_\_\_ 3. Daytime telephone number \_\_\_\_\_

**Part C - New Plan**

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

**Part E - Employees Only (Election NOT to Enroll)**

I do NOT want to enroll in the FEHB Program.  
My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.

**Part G - Suspension (Annuitants/Former Spouses Only)**

I SUSPEND my enrollment.  
My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.

**Part I - To be completed by agency or retirement system**  
**REMARKS**

1. Date received	2. Effective date of action	3. Personnel telephone number	4. Name and address of agency or retirement system
5. Authorizing official (please print)	6. Signature of authorized agency official		
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number	



# Health Benefits Election Form

## Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)

1. Enrollee name (last, first, middle initial)		2. Social Security number	3. Date of birth	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home mailing address (including ZIP Code)			7. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	8. TRICARE <input type="checkbox"/>	9. Other insurance <input type="checkbox"/>
10. Name of insurance			11. Insurance policy no.		
12. Name of family member (last, first, middle initial)		13. Social Security number	14. Date of birth	15. Sex <input type="checkbox"/> M <input type="checkbox"/> F	16. Relationship code
17. Address (if different from enrollee)			18. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	19. TRICARE <input type="checkbox"/>	20. Other insurance <input type="checkbox"/>
21. Name of insurance			22. Insurance policy no.		
Name of family member (last, first, middle initial)		Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)			Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
Name of family member (last, first, middle initial)			Insurance policy no.		
Name of family member (last, first, middle initial)		Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)			Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
Name of family member (last, first, middle initial)			Insurance policy no.		
Name of family member (last, first, middle initial)		Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)			Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
Name of family member (last, first, middle initial)			Insurance policy no.		

## Part B - Present Plan

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

## Part C - New Plan

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

## Part D - Event Code

1. Event code \_\_\_\_\_ 2. Date of event \_\_\_\_\_

## Part E - Employees Only (Election NOT to Enroll)

I do NOT want to enroll in the FEHB Program.  
*My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.*

## Part F - Cancellation

I CANCEL my enrollment.  
*My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.*

## Part G - Suspension (Annuitants/Former Spouses Only)

I SUSPEND my enrollment.  
*My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.*

## Part H - Signature

**WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)**

1. Your signature (do not print) \_\_\_\_\_ 2. Date (mm/dd/yyyy) \_\_\_\_\_ 3. Daytime telephone number \_\_\_\_\_

## Part I - To be completed by agency or retirement system

### REMARKS

1. Date received ____/____/____	2. Effective date of action ____/____/____	3. Personnel telephone number (____)	4. Name and address of agency or retirement system
5. Authorizing official (please print)	6. Signature of authorized agency official		
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number (____)	



Federal Employees  
Health Benefits Program

Form Approved:  
OMB No. 3206-0160

## Health Benefits Election Form

**Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)**

1. Enrollee name (last, first, middle initial)		2. Social Security number	3. Date of birth	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home mailing address (including ZIP Code)			7. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	8. TRICARE <input type="checkbox"/>	9. Other insurance <input type="checkbox"/>
			10. Name of insurance		11. Insurance policy no.
12. Name of family member (last, first, middle initial)		13. Social Security number	14. Date of birth	15. Sex <input type="checkbox"/> M <input type="checkbox"/> F	16. Relationship code
17. Address (if different from enrollee)			18. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	19. TRICARE <input type="checkbox"/>	20. Other insurance <input type="checkbox"/>
			21. Name of insurance		22. Insurance policy no.
Name of family member (last, first, middle initial)		Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)			Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
			Name of insurance		Insurance policy no.
Name of family member (last, first, middle initial)		Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)			Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
			Name of insurance		Insurance policy no.
Name of family member (last, first, middle initial)		Social Security number	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship code
Address (if different from enrollee)			Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	TRICARE <input type="checkbox"/>	Other insurance <input type="checkbox"/>
			Name of insurance		Insurance policy no.

**Part B - Present Plan**

1. Plan name 2. Enrollment code

**Part C - New Plan**

1. Plan name 2. Enrollment code

**Part D - Event Code**

1. Event code 2. Date of event

**Part E - Employees Only (Election NOT to Enroll)**

I do NOT want to enroll in the FEHB Program.  
My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.

**Part F - Cancellation**

I CANCEL my enrollment.  
My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

**Part G - Suspension (Annuitants/Former Spouses Only)**

I SUSPEND my enrollment.  
My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.

**Part H - Signature**

**WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)**

1. Your signature (do not print)	2. Date (mm/dd/yyyy)	3. Daytime telephone number
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**Part I - To be completed by agency or retirement system**  
**REMARKS**

1. Date received	2. Effective date of action	3. Personnel telephone number	4. Name and address of agency or retirement system
5. Authorizing official (please print)	6. Signature of authorized agency official		
7. Payroll office number	8. Payroll office contact (please print)	9. Payroll telephone number	



Federal Employees  
Health Benefits Program

Form Approved:  
OMB No. 3206-0160

## Health Benefits Election Form

**Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)**

1. Enrollee name (last, first, middle initial)		2. Social Security number		3. Date of birth		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F		5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Home mailing address (including ZIP Code)				7. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. TRICARE <input type="checkbox"/>		9. Other insurance <input type="checkbox"/>	
10. Name of insurance				11. Insurance policy no.					
12. Name of family member (last, first, middle initial)		13. Social Security number		14. Date of birth		15. Sex <input type="checkbox"/> M <input type="checkbox"/> F		16. Relationship code	
17. Address (if different from enrollee)				18. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		19. TRICARE <input type="checkbox"/>		20. Other insurance <input type="checkbox"/>	
21. Name of insurance				22. Insurance policy no.					

Name of family member (last, first, middle initial)		Social Security number		Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Relationship code	
Address (if different from enrollee)				Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		TRICARE <input type="checkbox"/>		Other insurance <input type="checkbox"/>	
Name of insurance				Insurance policy no.					

Name of family member (last, first, middle initial)		Social Security number		Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Relationship code	
Address (if different from enrollee)				Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		TRICARE <input type="checkbox"/>		Other insurance <input type="checkbox"/>	
Name of insurance				Insurance policy no.					

Name of family member (last, first, middle initial)		Social Security number		Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Relationship code	
Address (if different from enrollee)				Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		TRICARE <input type="checkbox"/>		Other insurance <input type="checkbox"/>	
Name of insurance				Insurance policy no.					

**Part B - Present Plan**

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

**Part D - Event Code**

1. Event code \_\_\_\_\_ 2. Date of event \_\_\_\_\_

**Part F - Cancellation**

I CANCEL my enrollment.

*My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.*

**Part H - Signature**

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1. Your signature (do not print) \_\_\_\_\_

**Part C - New Plan**

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

**Part E - Employees Only (Election NOT to Enroll)**

I do NOT want to enroll in the FEHB Program.

*My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.*

**Part G - Suspension (Annuitants/Former Spouses Only)**

I SUSPEND my enrollment.

*My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.*

2. Date (mm/dd/yyyy) \_\_\_\_\_

3. Daytime telephone number \_\_\_\_\_

**Part I - To be completed by agency or retirement system**  
**REMARKS**

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## Health Benefits Election Form

**Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)**

1. Enrollee name (last, first, middle initial)		2. Social Security number		3. Date of birth		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F		5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Home mailing address (including ZIP Code)				7. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. TRICARE <input type="checkbox"/>		9. Other insurance <input type="checkbox"/>	
10. Name of insurance				11. Insurance policy no.					
12. Name of family member (last, first, middle initial)		13. Social Security number		14. Date of birth		15. Sex <input type="checkbox"/> M <input type="checkbox"/> F		16. Relationship code	
17. Address (if different from enrollee)				18. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		19. TRICARE <input type="checkbox"/>		20. Other insurance <input type="checkbox"/>	
21. Name of insurance				22. Insurance policy no.					

Name of family member (last, first, middle initial)		Social Security number		Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Relationship code	
Address (if different from enrollee)				Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		TRICARE <input type="checkbox"/>		Other insurance <input type="checkbox"/>	
Name of insurance				Insurance policy no.					

Name of family member (last, first, middle initial)		Social Security number		Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Relationship code	
Address (if different from enrollee)				Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		TRICARE <input type="checkbox"/>		Other insurance <input type="checkbox"/>	
Name of insurance				Insurance policy no.					

Name of family member (last, first, middle initial)		Social Security number		Date of birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Relationship code	
Address (if different from enrollee)				Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		TRICARE <input type="checkbox"/>		Other insurance <input type="checkbox"/>	
Name of insurance				Insurance policy no.					

**Part B - Present Plan**

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

**Part C - New Plan**

1. Plan name \_\_\_\_\_ 2. Enrollment code \_\_\_\_\_

**Part D - Event Code**

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