

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

District Personnel Manual Issuance System

E-DPM Instruction No. 21A-7 & 21B-17

This instruction may be accessed electronically at www.dchr.dc.gov, by clicking on the "Electronic-District Personnel Manual" link under the "Policies and Procedures" tab; and the "View Issuances to this Chapter" link for E-DPM Chapter(s): **21A & 21B**

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:** January 29, 2013

NOTE: This Electronic-District Personnel Manual (E-DPM) instruction supersedes DPM Instruction No. 21A-6 & 21B-11, *subject as above*, dated December 19, 2008.

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: E-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, Retirement, and Staffing Services Administration, (202) 442-9700

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. Eligible employees have thirty-one (31) days from their date of hire to enroll in the applicable health benefits program.
- c. 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).
- d. Additional information on the FEHB Premium Conversion Table is available at www.opm.gov/insure/health/reference/premconversion/index.asp.



Shawn Y. Stokes
Director

Attachment 1: Table of Permissible Changes

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

D.C. Employee Health Benefits Program Premium Conversion Tax Benefits Table of Permissible Changes in Enrollment and Conversion Election

No.	Qualifying Life Events (QLE's) May Permit Change in Enrollment or Premium Conversion Election	Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted	Time Limits	
		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			
	Event					Participate	When You May File Health Election Form With Your Employing Office	
A. Employee electing to receive or receiving premium conversion tax benefits								
1.	Initial opportunity to enroll, for example: <ul style="list-style-type: none"> New employee Changed from an excluded position 	Yes	Does Not Apply	Does Not Apply	Does Not Apply	Automatic Unless Waived	Yes	
2.	Open Season	Yes	Yes	Yes	Yes	Yes	As announced by DCHR	
3.	Change in family status that results in increase or decrease in number of eligible family members, for example: <ul style="list-style-type: none"> Marriage, divorce, annulment Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child Last child loses coverage for example, child research age 26, disabled child becomes capable of self-support, child acquires other coverage by court order Death of spouse or dependent 	Yes	Yes	Yes	Yes	Yes	Within 31 days after becoming eligible.	
		Exception: Employees may enroll or make changes from 31 days before to 60 days after change in marital status (marriage, divorce, annulment, death of spouse.)						Within 60 days after change in family status
4.	Any changes in employee's employment status that could result in entitlement to coverage, for example: <ul style="list-style-type: none"> Reemployment after a break in service of more than 3 days Return to pay status from nonpay status or return to receiving pay sufficient to cover premium withholdings, if coverage terminated 	Yes	Does Not Apply	Does Not Apply	Does Not Apply	Automatic Unless Waived	Yes	
							Within 31 days after change in employment status	

Qualifying Life Events (QLE's) May Permit Change in Enrollment or Premium Conversion Election	Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted	Time Limits in which Change May Be Permitted
	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		
Event					Participate	When You May File Health Election Form With Your Employing Office
5. Changes from temporary appointment to a benefit eligible appointment of at least 13 months	Yes	Does Not Apply	Does Not Apply	Does Not Apply	Yes	Within 31 days after becoming eligible.
6. Any changes in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> Changes from temporary appointment with eligibility for coverage under D.C. Official Code §§ 1-621.08 and 1-621.09 to appointments that permits receipt of government contributions. Changes from full-time to part-time appointment. 	No	Yes	Yes	Yes	Yes	Within 31 days after becoming eligible.
7. Employee is restored to a civilian position after serving in the uniform services.	Yes	Yes	Yes	Yes	Yes	Within 60 days after returning to active civilian duty.
8. Employee (or covered family member) enrolled in DCEHB health maintenance organization (HMO) moves or becomes employed outside of the geographic area from which the DCEHB carrier accepts enrollments or, if already outside of the area, moves further from this area.	Does Not Apply	Yes	Yes	Does Not Apply	No (see ___)	Upon notifying employing agency of move
9. Enrolled employee becomes entitled to Medicare	Does Not Apply	No	Yes	Does Not Apply	Does Not Apply	At any time after 31 days before becoming eligible for Medicare.

	Qualifying Life Events (QLE's) May Permit Change in Enrollment or Premium Conversion Election	Enrollment Change that May Be Permitted					Premium Conversion Election Change that May Be Permitted		Time Limits in which Change May Be Permitted
		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		
10	<p>Event</p> <p>Employee or eligible family member loses coverage under DCEHB or another group insurance plan including the following:</p> <ul style="list-style-type: none"> Loss of coverage under another DCEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment Loss of coverage under another District government-sponsored health benefits program Loss of coverage under Medicaid or similar State sponsored program of medical assistance for the needy 	Yes		Yes	Yes	Yes	Yes	When You May File Health Election Form With Your Employing Office	
11	Employee or spouse loses coverage under employee's or spouse's non-District health plan, other than if the enrolled person voluntarily cancels or drops the non-District health plan.	Yes	Yes	No	Does Not Apply	Yes	Yes	Within 31 days after the loss of coverage	
12	Employee or eligible family member loses coverage due to discontinuance in whole or part of DCEHB coverage.	Yes	Yes	Yes	Yes	Yes	Yes	Within 31 days before or after the event	
13	<p>Enrolled employee or eligible family member gains coverage under DCEHB or another group insurance plan, including the following:</p> <ul style="list-style-type: none"> Medicare (Employees who become eligible for Medicare and want to change plans or options) Health insurance acquired due to spouse's dependent's change in employment status (includes, state, local or foreign government or private sector employment). 	No	No	No	Yes	Yes	Yes	During open season, unless DCHR sets a different time	

D.C. Employee Health Benefits Program

Table of Permissible Changes in Enrollment for Individuals Who Are Not Participating In Premium Conversion

[Enrollment May Be Cancelled or Changed from Family to Self Only at Any Time]

No.	Qualifying Life Events (QLE's) Permit Enrollment or Change	Change Permitted			Time Limits
	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	When You May File Health Election Form With Your Employing Office
B. Employees Who Are Not Participating In Premium Conversion					
1	Initial opportunity to enroll. <ul style="list-style-type: none"> • New employee • Changed from an excluded position 	Yes	Does Not Apply	Does Not Apply	Within 31 days after becoming eligible.
2.	Open Season	Yes	Yes	Yes	As announced by DCHR
3.	Change in family status that results in increase or decrease in number of eligible family members, for example: <ul style="list-style-type: none"> • Marriage, divorce, annulment • Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child • Last child loses coverage for example, child reaches age 26, disabled child becomes capable of self-support, child acquires other coverage by court order • Death of spouse or dependent 	Yes	Yes	Yes	Within 60 days after change in family status
		Exception: Employees may enroll or make changes from 31 days before to 60 days after change in marital status (marriage, divorce, annulment, death of spouse).			
4.	Any changes in employee's employment status that could result in entitlement to coverage, for example: <ul style="list-style-type: none"> • Reemployment after a break in service of more than 3 days; or • Return to pay status from nonpay status or return to receiving pay sufficient to cover premium withholdings, if coverage terminated 	Yes	Does Not Apply	Does Not Apply	Within 31 days after change in employment status
5.	Changes from temporary appointment to a benefit eligible appointment of at least 13 months	Yes	Does Not Apply	Does Not Apply	Within 31 days after becoming eligible.
6.	Any changes in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> • Changes from temporary appointment with eligibility for coverage under D.C. Official Code §§ 1-621.08 and 1-621.09 to appointments that permits receipt of government contributions. <p>Changes from full-time to part-time appointment.</p>	No	Yes	Yes	Within 31 days after becoming eligible.
7.	Employee is restored to a civilian position after serving in the uniform services.	Yes	Yes	Yes	Within 60 days after returning to active civilian duty

No.	Qualifying Life Events (QLE's) Permit Enrollment or Change	Change Permitted			Time Limits
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	
	Event				When You May File Health Election Form With Your Employing Office
8.	Employee (or covered family member) enrolled in DCEHB health maintenance organization (HMO) moves or becomes employed outside of the geographic area from which the DCEHB carrier accepts enrollments or, if already outside of the area, moves further from this area.	Does Not Apply	Yes	Yes	Upon notifying employing agency of move
9.	Enrolled employee becomes eligible for Medicare	Does Not Apply	Does Not Apply	Yes	At any time after 31 days before becoming eligible for Medicare
10.	Employee or eligible family member loses coverage under DCEHB or another group insurance plan including the following: <ul style="list-style-type: none"> • Loss of coverage under another DCEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment • Loss of coverage under another District government-sponsored health benefits program • Loss of coverage under Medicaid or similar State sponsored program of medical assistance for the needy 	Yes	Does Not Apply	Yes	Within 31 days after loss of coverage
11.	Employee or spouse loses coverage under employee's or spouse's non-District health plan, other than if the enrolled person voluntarily cancels or drops the non-District health plan.	Yes	Yes	No	Within 31 days before or after the event
12.	Employee or eligible family member loses coverage due to discontinuance in whole or part of DCEHB coverage.	Yes	Yes	Yes	During open season, unless DCHR sets a different time
13.	Enrolled employee or eligible family member gains coverage under DCEHB or another group insurance plan, including the following: <ul style="list-style-type: none"> • Medicare (Employees who become eligible for Medicare and want to change plans or options) • Health insurance acquired due to spouse's dependent's change in employment status (includes, state, local or foreign government or private sector employment). 	No	No	No	Within 31 days after qualifying event
C.	Former Spouse under the D.C. Spouse Equity Act				
1.	Former spouses who are eligible to enroll under the authority of the D.C. Spouse Equity Act (D.C. Official Code § 1-529.04)	Yes	Does Not Apply	Does Not Apply	Generally within 60 days of the divorce.
2.	Open Season	No	Yes	Yes	As announced by DCHR
3.	Enrolled former spouse or eligible child loses coverage under another group insurance plan; for example: <ul style="list-style-type: none"> • Loss of coverage under another District-sponsored health benefits program; • Loss of coverage under Medicaid or similar State-sponsored program • Loss of coverage under a non-District health plan. 	Does Not Apply	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.

No.	Qualifying Life Events (QLE's) Permit Enrollment or Change	Change Permitted			Time Limits
		From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	
	Event				When You May File Health Election Form With Your Employing Office
4.	Former spouse or eligible family member loses coverage due to the discontinuance, in whole or part, of a DCEHB plan.	Does Not Apply	Yes	Yes	Open Season, unless DCHR sets a different time.
5.	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.	Does Not Apply	Yes	Yes	Upon notifying the employing office of the move or change of place of employment
6.	Becomes eligible for Medicare	Does Not Apply	No	Yes	At any time beginning the 30 th day before becoming eligible for Medicare
7.	Former spouse's annuity is insufficient to make DCEHB withholdings for plan in which enrolled.	Does Not Apply	No	Yes	Retirement system will advise former spouse of options.
D.	Temporary Continuation of Coverage (TCC) For Eligible Former Employees, Former Spouses, and Children.				
1.	Opportunity to enroll for continued coverage under TCC provisions: <ul style="list-style-type: none"> Former employee Former spouse Child who ceases to qualify as a family member 	Yes	Yes (N/A for spouse and dependents)	Yes (N/A for spouse and dependents)	Within 60 days after the qualifying event, or receiving notice of eligibility, whichever is later.
2.	Open Season <ul style="list-style-type: none"> Former employee Former spouse Child who ceases to qualify as a family member 	No	Yes	Yes	As announced by DCHR
3.	Change in family status (except former spouse); for example, marriage, birth or death of family member, adoption, legal separation, or divorce.	No	Yes	Yes	Within 31 days after the event.
4.	Changes in family status of former spouse, based on addition of family members who are eligible members of the employee or annuitant.	No	Yes	Yes	Within 31 days after the event.
5.	Reenrollment of a former employee, former spouse, or child whose TCC enrollment was terminated because of other DCEHB coverage and who loses the other DCEHB coverage before the TCC period of eligibility (18 or 36 months) expires.	Yes	Does Not Apply	Does Not Apply	Within 31 days after the event.
6.	Enrolled former spouse or eligible child loses coverage under another group insurance plan; for example: <ul style="list-style-type: none"> Loss of coverage under another District-sponsored health benefits program; Loss of coverage under Medicaid or similar State-sponsored program Loss of coverage under a non-District health plan. 	No	Yes	Yes	From 31 days before through 60 days after loss of coverage.
7.	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of a DCEHB plan.	N/A	Yes	Yes	Open Season, unless DCHR sets a different time.

No.	Qualifying Life Events (QLE's) Permit Enrollment or Change	Change Permitted			Time Limits
8.	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.
9.	Becomes eligible for Medicare	Does Not Apply	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.
E. Annuitant					
1.	Open Season	No	Yes	Yes	As announced by DCHR
2.	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.
3.	Reenrollment of annuitant who suspended DCEHB enrollment to enroll in a Medicare Advantage plan, Medicaid or similar State-sponsored program, and who later involuntarily loses this coverage under one of these programs.	Yes	Does Not Apply	Does Not Apply	From 31 days before through 60 days after the event.
4.	Annuitant or eligible family member loses coverage under another group insurance plan; for example: <ul style="list-style-type: none"> • Loss of coverage under another District-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization under Medicaid or similar State-sponsored program • Loss of coverage under a non-District health plan. 	No	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.
5.	Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of a DCEHB plan.	Does Not Apply	Yes	Yes	Open Season, unless DCHR sets a different date
6.	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.	Does Not Apply	Yes	Yes	Upon notifying the employing office of the move or change of place of employment
7.	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of a DCEHB plan.	N/A	Yes	Yes	Open Season, unless DCHR sets a different time.
8.	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.
9.	Becomes eligible for Medicare	Does Not Apply	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.

**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.

I. PARTICIPANT INFORMATION			
Last Name	First Name	MI	SSN
Agency	Office Phone	Home Phone	
II. ELECTION TO WAIVE PARTICIPATION IN PRE-TAX HEALTH INSURANCE PROGRAM			
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	
<p>This is my initial opportunity to waive participation in the pre-tax health insurance program.</p> <p><input type="checkbox"/> I am making this election to waive participation during Open Season.</p> <p><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.</p>			
III. ELECTION TO RESTORE PARTICIPATION IN PRE-TAX HEALTH INSURANCE PROGRAM			
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	
<p><input type="checkbox"/> I am making this election to participate during the Open Season.</p> <p><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.</p>			
IV. TO BE COMPLETED BY DC DEPARTMENT OF HUMAN RESOURCES STAFF ONLY			
<p>Approved <input type="checkbox"/></p> <p>Disapproved <input type="checkbox"/></p> <p>Effective Date: _____</p> <p>Authorized Agency Official: _____</p> <p align="center">Signature Date</p>			

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

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 QLE's. For more information about premium conversion, please visit www.opm.gov/insure/health.

Event Code	Qualifying Life Events (QLE's) 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
		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 ¹	Participate	Waive	
1	Employee electing to receive or receiving premium conversion tax benefits							
1A	Initial opportunity to enroll, for example: <ul style="list-style-type: none"> New employee Change from excluded position Temporary employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a 	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"> Marriage, divorce, annulment Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child Last child loses coverage, for example, child reaches age 26, disabled child becomes capable of self-support, child acquires other coverage by court order Death of spouse or dependent 	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after change in family status
1D	Any change in employee's employment status that could result in entitlement to coverage, for example: <ul style="list-style-type: none"> Recruitment after a break in service of more than 3 days 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.) 	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"> Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution Change from full time to part-time career or the reverse 	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after employment status change
1F	Employee restored to civilian position after serving in uniformed services. ²	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after return to civilian position

Qualifying Life Events (QLE's) 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
Event 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	
IG	Employee, spouse or dependent: <ul style="list-style-type: none"> Begins nonpay status or insufficient pay³ or Ends nonpay status or insufficient pay if coverage continued (If employee's coverage terminated, see ID.) (If spouse's or dependent's coverage terminated, see IM.) Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	No	No	No	Yes	Yes	Yes	When You Must File Health Benefits Election Form With Your Employing Office
IH	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
II	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. ⁴	N/A	Yes	Yes	N/A	No	No	Upon notifying employing office of move
IJ	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
IK	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
IL	Employee becomes entitled to Medicare and wants to change to another plan or option. ⁵	No	No	Yes (Changes may be made only once.)	N/A	N/A	N/A	Any time beginning on the 30th day before becoming eligible for Medicare
IM	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following: <ul style="list-style-type: none"> Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan⁶ Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy Loss of coverage under a non-Federal health plan, including foreign, state or local government, private sector Loss of coverage due to change in worksite or residence (Employees in an FEHB HMO, also see II.) 	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage
IN	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
IO	Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan. ⁷	Yes	Yes	Yes	Yes	Yes	Yes	During open season, unless OPM sets a different time

Qualifying Life Events (QLE's) 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
Event 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
IP	<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"> Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L.) TRICARE for Life, due to enrollment in Medicare. 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. Health insurance acquired due to change of worksite or residence that affects eligibility for coverage Health insurance acquired due to spouse's or dependent's change in employment status (includes state, local, or foreign government or private sector employment).⁸ 	No	No	No	Yes ⁹	Yes	Yes	Within 60 days after QLE
IQ	<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"> Employer starts or stops offering a different type of coverage (if no other coverage is available, also see 1M.) Change in cost of coverage HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (if no other coverage is available, see 1M) 	No	No	No	Yes ⁹	Yes	Yes	Within 60 days after QLE
IR	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes ⁹	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.

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

- 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.
- 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 is available in the Frequently Asked Questions section of the FEHB website at www.opm.gov/insure/health.
- 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.
- 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.
- 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.
- If employee's membership terminates (e.g., for failure to pay membership dues), the employee organization will notify the agency to **terminate** the enrollment.
- Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.
- Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.
- Employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage. 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.

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

QLE's That Permit Enrollment or Change		Change Permitted			Time Limits
<i>Event 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>
2	Annuitant (Includes Compensationers) <i>Note for enrolled survivor annuitants: 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.</i>				
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 suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan and TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.	May Reenroll	N/A	N/A	From 31 days before through 60 days after involuntary loss of coverage.
2D	Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	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"> • 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; • Compensationers whose compensation terminated because of recovery from injury or disease and whose compensation is restored due to a recurrence of medical condition; • Surviving spouse who was covered by FEHB immediately before survivor annuity terminated because of remarriage and whose annuity is restored; • Surviving child who was covered by FEHB immediately before survivor annuity terminated because student status ended and whose survivor annuity is restored; • Surviving child who was covered by FEHB immediately before survivor annuity terminated because of marriage and whose survivor annuity is restored. 	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.

QLE's That Permit Enrollment or Change		Change Permitted			Time Limits
Event Code	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	When You Must File Health Benefits Election Form With Your Employing Office
2G	<p>Annuitant or eligible family member loses coverage under another group insurance plan; for example:</p> <ul style="list-style-type: none"> • Loss of coverage under another federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; • Loss of coverage under Medicaid or similar State-sponsored program (but see events 2C and 2D); • Loss of coverage under a non-Federal health plan. 	No	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.
3	Former Spouse Under The Spouse Equity Provisions				
	<i>Note: Former spouse may change to Self and Family only if family members are also eligible family members of the employee or annuitant.</i>				
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 suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.	May reenroll	N/A	N/A	From 31 days before through 60 days after involuntary loss of coverage.
3E	Reenrollment of former spouse who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May reenroll	N/A	N/A	During open season.

QLE's That Permit Enrollment or Change		Change Permitted			Time Limits
<i>Event 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>
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"> Loss of coverage under another federally-sponsored health benefits program; Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; Loss of coverage under Medicaid or similar State-sponsored program (but see 3D and 3E); Loss of coverage under a non-Federal health plan. 	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.
4	Temporary Continuation of Coverage (TCC) For Eligible Former Employees, Former Spouses, and Children. <i>Note: Former spouse may change to Self and Family only if family members are also eligible family members of the employee or annuitant.</i>				
4A	Opportunity to enroll for continued coverage under TCC provisions: <ul style="list-style-type: none"> Former employee Former spouse Child who ceases to qualify as a family member 	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"> Former employee Former spouse Child who ceases to qualify as a family member 	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.

QLE's That Permit Enrollment or Change		Change Permitted			Time Limits
<i>Event 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>
4F	<p>Enrollee or eligible family member loses coverage under FEHB or another group insurance plan; for example:</p> <ul style="list-style-type: none"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment (but see event 4E); • Loss of coverage under another federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; • Loss of coverage under Medicaid or similar State-sponsored program; • Loss of coverage under a non-Federal health plan. 	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	<p>On becoming eligible for Medicare.</p> <p>(This change may be made only once in a lifetime.)</p>	N/A	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.
5	Employees Who Are Not Participating In Premium Conversion				
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	<p>Change in employment status; for example:</p> <ul style="list-style-type: none"> • Reemployment after a break in service of more than 3 days; • Return to pay status following loss of coverage due to expiration of 365 days of LWOP status or termination of coverage during LWOP; • Return to pay sufficient to make withholdings after termination of coverage during a period of insufficient pay; • Restoration to civilian position after serving in uniformed services; • Change from temporary appointment to appointment that entitles employee receipt of Government contribution; • Change to or from part-time career employment. 	Yes	Yes	Yes	Within 60 days of employment status change.

QLE's That Permit Enrollment or Change		Change Permitted			Time Limits
<i>Event 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>
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"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment; • Loss of coverage under another federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan; • Loss of coverage under Medicaid or similar State-sponsored program; • Loss of coverage under a non-Federal health plan. 	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.
5N	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.