OPEN SEASON AND YOU

If you are eligible for benefits, open season is your annual opportunity to assess your health care needs and to make any necessary changes to your health, dental, and vision insurance for 2024. It is also the time to establish your 2024 flexible spending accounts for health care and dependent care.

HEALTH, DENTAL AND VISION

As a Federal employee, you have two excellent features to your health benefits: (1) choice of employer-sponsored insurance plan; and, (2) no restriction on pre-existing conditions. With these two incentives, you have enormous control over the cost and coverage of your benefits. Take advantage of them! If you will be facing known health care costs next year, pick a plan that provides great coverage for it. Maybe you need dental work next year; consider getting the supplemental dental coverage. If your family needs glasses, maybe the vision insurance will end up saving you money. There are tools available to help you choose a health plan. (See page 3 for links to them.)

If you make no changes, your current enrollment in the Federal Employees Health Benefits (FEHB) and Federal Employees Dental and Vision Insurance Program (FEDVIP) will continue; be sure that you check the 2024 plan brochure for any changes in coverage or premiums.

Once open season closes on 12/11/2023, you will no longer be able to make changes or to enroll in these three programs until the next open season (unless you have a qualifying life event). Don’t miss this chance!

FLEXIBLE SPENDING ACCOUNT

Take the time to review your last year’s medical expenses. Did you underestimate your out-of-pocket health and dependent care costs and put aside too little in your flexible spending account? Did you overestimate your health care costs? If so, you may need to adjust the amount of your flexible spending account next year. There is a calculator available to help you determine how much money to set aside. (See page 8 for a link to it.)

TO PARTICIPATE IN 2024 YOU MUST REENROLL ANNUALLY.

If you choose not to participate, you are missing out on potential tax savings.
FEDERAL BENEFITS OPEN SEASON

WHAT’S NEW IN 2024?

PLAN CHANGES

HEALTH BENEFITS: Some health plans have dropped out of the FEHB program for 2024. If the plan you are currently enrolled in will not be participating next year, you must enroll in a different plan or you will be enrolled automatically in the GEHA Indemnity Benefit Plan – Elevate Option (the lowest-cost nationwide plan option for 2024 as determined by OPM).

If you are notified that your plan is dropping out of the FEHB program, be sure to review the 2024 premiums at https://www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums before you make your election in order to fully understand the cost and coverage of your plan.

VISION AND DENTAL BENEFITS: There are no new plan options in FEDVIP. Be sure to review the 2024 premiums at https://www.opm.gov/healthcare-insurance/dental-vision/plan-information/plan-premiums/ before you make your election in order to fully understand the cost and coverage of your plan.

FLEXIBLE SPENDING ACCOUNT: For 2024, Flexible Spending Account enrollments can carry over excess funds up to a specified dollar amount from one plan year to the next when you re-enroll in a Heath Care FSA.

EMPLOYEE TOOLS

VIRTUAL BENEFITS FAIR: If you cannot make it to a Benefits Fair in person, you may use the online marketplace for OPM-sanctioned Federal employee benefit programs and carriers. The Virtual Benefits Fair is available 24/7 during the entire Open Season. You can access this fair by registering here (https://www.benefeds.com/learn/fedvip/webinars) and confirming your email address, and setting a secure password. All benefit programs will be represented with at least some carriers.

Live chats with carrier will be available to answer questions and obtain specific information on:
- Tuesday, November 14, 2023, from 10 a.m. to 5 p.m. EST
- Tuesday, November 21, 2023, from 10 a.m. to 5 p.m. EST
- Thursday, November 30, 2023, from 10 a.m. to 5 p.m. EST
- Thursday, December 07, 2023, from 10 a.m. to 5 p.m. EST

HUMAN RESOURCES OPEN SEASON HELP: The Human Resources Office has designated point of contacts(POC) to assist employees from each District and Program Area. To locate your POCs, please access the OHR Portal (https://ohrportal.fsis.usda.gov/portal/find-contacts), go to "Who to Contact", select your District or Program, and then select Benefits services. You may also email FSISHR1@usda.gov or call the Employee Services Section Helpdesk at 1-877-374-7471, Monday - Friday, 7:00AM to 3:30PM.

OPEN SEASON

PLAN CHANGES

DEADLINE FOR CHANGES IS MIDNIGHT EASTERN TIME ON 12/11/2023

OPEN SEASON FEHB ELECTIONS ARE EFFECTIVE ON SUNDAY 1/14/2024 (PAY PERIOD 1/2024)
FEDERAL BENEFITS OPEN SEASON

FEDERAL EMPLOYEE’S HEALTH BENEFITS

CHOOSING A HEALTH PLAN

When there are so many choices available to you, selecting a health plan can seem daunting, but there are several tools available that can help make this important decision easier. Some of these sites may not be updated by OPM until Open Season begins on 11/13/2023.

OPM’s Plan Search Tool (https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/) is used to find and compare all the plans that are available to you. This tool provides side-by-side comparisons of the plans, including benefits, premiums, and quality indicators. The tool can help you narrow down your choices.

Once you’ve narrowed down your choices to two or three plans, read the brochures. All the carriers are required to format their brochures identically, which makes it easier for you to compare their plan details. Don’t skip this step because the brochure is where you find out exactly what is and is not covered by the plan as well as specifics about deductibles, geographic coverage, and any required membership fees.

Before making your final decision, be sure to check the provider directories on the health carrier’s website for the doctors and clinics covered by the plan. Click here for links to the FEHB Plan brochures and websites (https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/).

ELIGIBILITY

Eligible family members for the FEHB program are:

- Your current spouse;
- Children under age 26 (including adopted and stepchildren)*; and
- Disabled children over age 26 incapable of self-support because of a physical or mental disability that began before age 26.

A Foster Child may be covered under your FEHB enrollment under certain conditions; see required statement to attach to SF-2809 under: BAL 20-203 Attachment #5, Appendix 2 (https://www.opm.gov/retirement-services/publications-forms/benefits-administration-letters/2020/20-203a5.pdf). If you are adding a foster child to your plan, do not use myEPP to make your election. Submit the SF-2809 and the required supporting documentation to the HR Benefits Team.

*Grandchildren are NOT considered eligible family members unless they qualify as your Foster Child.

DEADLINE

The deadline for open season elections is Monday, December 11, 2023. Please take action early during the open season period. Your health benefits enrollment change must be processed through the NFC EPP or received by the Benefits Section by midnight Eastern Time December 11, 2023.
Federal Benefits Open Season

Making an Election

You are permitted to make only one health insurance election during open season. Please make sure you have decided on a plan that is right for you and your family prior to completing the election process.

There are two ways to make an election:

2. Form SF-2809 (https://www.opm.gov/forms/pdf_fill/sf2809.pdf) – Submit form to the HR Benefits team by email OR fax

How to Make a FEHB Election

National Finance Center’s myEPP (Recommended)

We highly recommend using the National Finance Center’s myEPP to make your health benefits election or change. Please see Appendix A for myEPP example.

- Go to www.nfc.usda.gov/epps and click on “I Agree.” You may use your USDA eAuthentication to enter this system or your username and password login.

- Once you have entered the myEPP system, click on the “Health Insurance” link found in the light green box on the left side of the page under "Personal Info". Your current health insurance will be shown as well as the “Self Service” button in the upper right-hand corner of the screen.

- Click on the “Self Service” button to make your change. You will need the 3-digit code of the health plan you are enrolling in (found on the front page of the plan brochure), and if you are enrolling in a self plus one or self and family plan, you will need the name, SSN, date of birth, address and zip code of each of your eligible family members.

- Review the information carefully before submitting it.

- VERY IMPORTANT: Print a copy of your myEPP enrollment for yourself when you are finished. This is your proof of enrollment until you receive ID cards from your health plan.

NOTE: If you are retiring on or before January 13, 2024, DO NOT USE myEPP to process your open season change. Instead, complete the SF-2809 and write at the top: “RETIRING ON (DATE).” Submit the SF-2809 to your servicing Benefits Specialist. Your form will be sent to the Office of Personnel Management to process with your retirement application. (See instructions on next page for using the SF-2809 for elections.)
If you are unable to access myEPP due to not having access to a computer or due to extenuating circumstances, you may complete a Health Benefits Election Form SF 2809 (https://www.opm.gov/forms/pdf_fill/sf2809.pdf) and submit it to the Benefits Section for manual processing. You must use the current version of the form (November 2019). Older versions of the form are invalid. You will need Acrobat Adobe Reader 8 or later to use this fillable form. Please view Appendix B on page 18 of this document for an example of a completed open season election prior to submitting your form and insure that you have properly completed it. This will help avoid processing delays.

Send the last two pages of the SF-2809 to us by emailing FSISHR1@USDA.GOV OR fax it to us at (833) 840-9217. Remember to KEEP A COPY of the sent email OR the fax confirmation as proof of your timely submission.

Please DO NOT SUBMIT the SF 2809 by email AND fax. Sending a form by fax AND email WILL CAUSE UNNECESSARY DELAYS IN PROCESSING THE ELECTION OF COVERAGE.

**MEMBER ID CARDS**

You will receive health plan identification cards directly from your health carrier. If you do not receive your ID card by the beginning of February, please contact the carrier directly.

If you have minor medical expenses, you may need to pay out-of-pocket for covered services and then request reimbursement from your health plan. If you have major medical expenses, such as an emergency room visit or hospitalization, contact the Benefits Section.

Also, DO NOT send your SF-2809 form to any other office.

**INSURANCE PREMIUMS LOWER TAXABLE INCOME**

Health insurance premiums are automatically deducted on a pretax basis, thereby reducing your taxable income.

If you have waived participation in the pretax program in the past, you may wish to change to pretax premium deductions during open season.

For more information, see: www.opm.gov/insure/health/reference/premconversion/index.asp. Changing your pretax status during open season is a very clear cut process. Simply log into myEPP, select “Health Insurance – Make changes” and switch premiums to “Pretax.”
THE DOWNSIDE TO CANCELING FEHB

If you choose to cancel your enrollment, you should be aware of the following consequences:

- You must continue to be in compliance with the individual shared responsibility provision of the Affordable Care Act.
- Without a FEHB self plus one or self-and-family enrollment, your survivors will not be able to continue to receive health coverage if you should die, even if they are eligible for a survivor annuity.

If you want to continue FEHB coverage into retirement, you must be enrolled in the program for the five years of service immediately before retiring or, if less than five years, for all service since your first opportunity to enroll. (TRICARE coverage counts toward this requirement, but you must be enrolled in a FEHB plan on the date you retire in order to continue coverage.) An annuitant who has FEHB coverage only has to pay the employee share of the premium, so you may be forfeiting a great benefit.

EFFECT OF NON-PAY (LEAVE WITHOUT PAY - LWOP) STATUS

If you enter a non-pay status, you are responsible for the employee share of your health insurance premiums and you will be billed by the National Finance Center for any pay periods of missed premiums. There are exceptions for active military duty. Go to: Non-Pay Status/LWOP (https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/leave-without-pay-status-and-insufficient-pay/).

LEAVING FEDERAL SERVICE

If you leave Federal employment, you may be eligible for Temporary Continuation of Coverage (TCC) which continues your FEHB enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose their eligibility as family members under your FEHB enrollment. This includes a spouse who loses coverage because of divorce and children who lose coverage because they reach age 26. TCC enrollees must pay the total plan premium (employee and government shares) plus a 2% administrative charge and must enroll within specific time frames.
FEDERAL BENEFITS OPEN SEASON

FEDVIP OPEN SEASON

DENTAL & VISION INSURANCE

The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers supplemental insurance for dental and vision expenses not covered by your FEHB or other health plan. Since FEDVIP plans are purchased on a group basis, you receive competitive premiums and you are not subject to limitations on pre-existing conditions.

FEDVIP enrollments automatically continue from one year to the next just like FEHB enrollments. Open season is the time to enroll, cancel, or change your FEDVIP coverage.

To find FEDVIP plan information, go to OPM’s FEDVIP webpage (https://www.opm.gov/healthcare-insurance/dental-vision/).

FEDVIP premiums are paid through payroll deduction using pretax dollars. This means your taxable income will be lower. You are responsible for the full premium; the government does not pay a share of this supplemental insurance. For more information, navigate here for Dental and Vision Premiums (https://www.opm.gov/healthcare-insurance/dental-vision/plan-information/plan-premiums/).

There is no 5-year enrollment requirement for FEDVIP coverage so when you retire, your FEDVIP enrollment will automatically continue into retirement.

FEDVIP ENROLLMENT

To enroll, change, or cancel your enrollment in a FEDVIP plan, visit the BENEFEDS website at www.BENEFEDS.com or call (877) 888-3337. The FEDVIP plans will send confirmation of open season enrollments to enrollees by mid-January.

BENEFEDS representatives are available to assist you and can be reached at (877) 888-3337 or TTY (877) 889-5680. You can also email them using this link (https://www.benefeds.com/contact).
FEDERAL BENEFITS OPEN SEASON

FSAFEDS OPEN SEASON

FEDERAL FLEXIBLE SPENDING ACCOUNTS

FSAFEDS can help you save money by allowing you to set aside pretax funds to pay for eligible out-of-pocket dependent-care and health-care expenses:

- The Dependent Care Flexible Spending Account (DCFSA) reimburses non-medical expenses associated with child care or adult day care.
- The Health Care Flexible Spending Account (HCFSA) reimburses eligible health care expenses.
- Employees covered by a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) may enroll in a Limited Expense HCFSA (LEX HCFSA) for their eligible dental and vision expenses.
- The maximum limit is subject to change and will be published by FSAFEDS. Carry over amounts can vary from year to year.

THE FSAFEDS CALCULATOR

The FSAFEDS CALCULATOR (https://www.fsafeds.com/support/savingscalculators) can help employees determine how much money to set aside. The minimum election for the flexible spending accounts is $100. If employees enroll in FSAFEDS during open season, they will have from January 1, 2024, through December 31, 2024, to spend their FSAFEDS account. Employees can carryover up to $610 to the 2024 plan year, only if they enroll in FSA during Open Season this year. Any amount over $610 not used will be forfeited.

For a list of frequently asked questions about the program, go to the FSAFEDS FAQs (https://www.fsafeds.com/support/savingscalculators).

FSAFEDS ENROLLMENT

Enroll in FSAFEDS (https://www.fsafeds.com/enroll/open-season) online or by phone at (877 372-3337).

FSAFEDS representatives are available Monday through Friday, 9:00am to 9:00pm EST. Call (877 372-3337 or (866)-353-8058 (TTY) for assistance.

FSAFEDS OPEN SEASON ELECTIONS ARE EFFECTIVE JANUARY 1, 2024.
FEDERAL BENEFITS OPEN SEASON

CONTACT INFORMATION

FOR MORE INFORMATION VISIT:

Federal Employee Group Health Benefits (FEHB) at www.opm.gov/insure

FEDVIP (Dental & Vision) at www.benefeds.com or (877) 888-3337

Flexible Spending Accounts at www.fsafeds.com or (877) 372-3337

FINAL REMINDERS

Open Season runs from
Monday, November 13, 2023 through

You are permitted to make only one election for FEHB during the open season. Please make sure your decisions are right for you and your family prior to completing the election process.
News and Announcements!

If you have a question about this data or believe it has errors, please contact your **Columbia Human Resources** organization for assistance.

The Employee Personal Page has been modified to include the link for the Combined Federal Campaign donor pledging system for employees interested in workplace giving. Visit [cfc.columbia.edu](http://cfc.columbia.edu)

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<td>Financial Allocations</td>
<td>16, 2015</td>
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<td>State Tax</td>
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<td>TSP Traditional</td>
<td>22, 2015</td>
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<tr>
<td>TSP Traditional Catchup</td>
<td>22, 2015</td>
</tr>
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Sample Page

News and Announcements!

If you have a question about this data or believe it has errors, please contact your [scheduling Human Resources organization for assistance.

The Employee Personal Page has been modified to include the link for the Combined Federal Campaign donor pledging system for employees interested in workplace giving. Visit [cooking_dinner.png.

Pending Self-Service Changes

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Recent Self-Service Changes

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<td>Direct Deposit</td>
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<td>Federal Tax (W-4)</td>
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<tr>
<td>TSP Traditional Catchup</td>
<td>22, 2015</td>
</tr>
</tbody>
</table>

APPENDIX A
APPENDIX A

Health Insurance

The current FEHB Open Season is Monday, November 13, 2017 to Monday, December 11, 2017. Changes entered during FEHB Open Season will not be reflected on your EPP until the second week of pay period 01.

Because you are participating in FEHB Premium Conversion, you can only make changes to your FEHB coverage outside of Open Season if you meet the criteria for a "qualifying life event." See your servicing personnel office for assistance.

Current Information

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<tr>
<th>Plan Code / Description</th>
<th>Premium Conversion</th>
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<th>Agency PP Contribution</th>
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Self-Service History

No information found.

What is FEHB Premium Conversion?

Check Your OPM's Insurance Programs Home Page for answers to your questions about health, dental, vision, and life insurance, flexible spending accounts, and long-term care.

Sample Page

APPENDIX A
FEHBP Self-Service Request

"Cancel Enrollment" change requests entered today will be effective the last day of Pay Period. Because it is now FEHBP Open Season, all other change requests will be effective the first day of Pay Period 01. If you are in a non-pay status, it will be effective the pay period that follows a pay period during any part of which you were in a pay status.

If you meet the criteria for a "qualifying life event" and wish to have your FEHBP change effective on a different date, please see your servicing personnel office. It is your responsibility to ensure that the plan you select is available in your area. Read plan brochures carefully before selecting a plan.

Please select the type of change you wish to make:

- Change Plan
- Change Self-Only to Family
- Change Self-Only to Self Plus One
- Cancel Enrollment
- Change Premium Conversion Status

- You cannot use EPP to claim more than 16 family members or add foster children or add disabled children age 26 or older. If you need any of the above Health Benefits changes, please see your servicing personnel or payroll office.

- To Start or Change your current enrollment, you will need the name or enrollment code for the plan you want to enroll in or change to.

- To enroll in or change to a family plan, it is required that you have each family member's name, date of birth and address different from your own.

- If you use EPP, do not submit paper forms for the same action.

- To avoid a gap in your family member's coverage, this change should be coordinated with the effective date of their new coverage.

- When changing to a new plan, you do not have to cancel or stop your current coverage.

- Enrollees and family members who are Medicare beneficiaries should provide their Health Insurance Claim Number (HICN) to their FEHBP Carrier, if requested.

For other types of changes, please see your servicing personnel office.
Enter FEHB Self-Service Request

Complete the enrollment information below and click "Continue". You will be given a chance to review this request before it is accepted.

Items marked with an asterisk (*) are required.

**Effective Pay Period, Year:** 01/2018

**Plan Code / Name:** 314 GEHA HEALTH BENEFIT PLAN

**Premium Conversion:**
- Yes
- No

**Married:**
- Yes
- No

**Preferred Phone:**
- 594
- 555
- 5556

**E-mail Address:**

**Medicare Coverage:**
- If you are covered by Medicare, check all that apply:
  - A
  - B
  - D

**Medicare Claim Nbr:** 789087

**Other Insurance Coverage:**
- Are you covered by insurance other than Medicare?
  - Yes
  - No
- If yes, indicate below:
  - Tricare
  - Private Insurance

**Plan Name:** Humana

**Policy Nbr:** 456753

APPENDIX A
Submit FEHB Self-Service Request

Your new Self-Service request is shown below.
- Click "Back" to change what you have entered.
- Click "Exit" to exit without submitting this request.

Your request will not be accepted until you click "Submit".

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<thead>
<tr>
<th>Type of Change</th>
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<tr>
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<tr>
<td>Married?</td>
<td>Yes</td>
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<td>Preferred Phone</td>
<td>(504) 555-5555</td>
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<tr>
<td>Medicare Coverage</td>
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<td>Other Insurance Coverage</td>
<td>Private Insurance Plan Name: Humana, Policy Nbr: 456789</td>
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<tr>
<td>Family Members</td>
<td>Janice R. Harley, 444-44-4444, Date of Birth: 9/1/1963, Gender: F, Relationship: Spouse, Address:</td>
</tr>
<tr>
<td></td>
<td>Phone Number: (504) 555-5555, Email Address: <a href="mailto:Janice.A.Harley@yahoo.com">Janice.A.Harley@yahoo.com</a></td>
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<tr>
<td></td>
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<tr>
<td></td>
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If your Self-Service request is free from errors and duplication, it will be:
- Effective on 01/10/2016, the first day of pay period 1.
- Processed in the Pay Period 1 processing cycle that begins on 9/18/2016.
**Appendix A**

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### FEHB Self-Service Request Confirmation

Your Self-Service request has been accepted. An e-mail confirming this request has been sent to [John Q.Harley@SSA.GOV](mailto:John.Q.Harley@SSA.GOV). You will also receive an e-mail when this request has been processed.

If you need to make changes to this request, click "Self-Service" at the top of the FEHB page. Do not enter a new change request. Entering multiple requests will cause duplicates and will prevent your request from processing successfully.

If your Self-Service request is free from errors and duplication, it will be:
- **Effective on 01/16/2017**, the first day of pay period 1.
- Processed in the Pay Period 1 processing cycle that begins on 01/16/2017.
- Reflected on your Pay Period 1 EIS Statement (effective pay date 02/04/2017).

This Self-Service request should be reflected on your Employee Personal Page (EPP) within five business days. Please return to your EPP and verify this change. If you do not see this change request reflected on your EPP after two business days, contact the Personal Health Insurance Office to determine the status of this request. Remember to check your Pay Period 1 EIS Statement closely to verify that your Self-Service request achieved the desired result.

Please **read this carefully** your records.

<table>
<thead>
<tr>
<th>Change Plan</th>
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</tr>
<tr>
<td><strong>Effective Pay Period, Year</strong></td>
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</tr>
<tr>
<td><strong>Employee Name and Address</strong></td>
<td>JOSEPH HARLEY, 400 CONSTANTINOPLE ST, NEW ORLEANS, LA 70115-4010</td>
</tr>
<tr>
<td><strong>Plan Code / Name</strong></td>
<td>314-746A HEALTH BENEFIT PLAN</td>
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<tr>
<td><strong>Merged?</strong></td>
<td>Yes</td>
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</table>

**Preferred Phone**

- (504) 555-5555

**Medicare Coverage**

- Medicare A: Yes
- Medicare B: No
- Medicare D: No
- Medicare Claim Nbr: 789987

**Other Insurance Coverage**

- Treicare: No
- Private Insurance Plan Name: Humana, Policy Nbr: 45755

**Family Members**

- JANICE R HARLEY, 4444444
  - Birth Date: 05/01/1983
  - Gender: F
  - Relationship: Spouse
  - Address

- Phone Number: (504) 555-5555
- E-Mail Address Janice.A.Harley@zehko.com
- Medicare Coverage:
  - Medicare A: Yes
  - Medicare B: No
  - Medicare D: No
  - Medicare Claim Nbr
- Other Insurance Coverage:
  - Treicare: N
  - Private Insurance Plan Name: Policy Nbr

---

**Appendix A**
## Health Benefits Election Form

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

<table>
<thead>
<tr>
<th>Enrollee name (last, first, middle initial)</th>
<th>Social Security Number</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Sex</th>
<th>Are you married?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname, First M</td>
<td>999-99-9999</td>
<td>01/23/1234</td>
<td></td>
<td>M X F Yes No</td>
</tr>
</tbody>
</table>

6. Home mailing address (including ZIP Code)

7. If you are covered by Medicare, check all that apply.
   - A
   - B
   - D
8. Medicare Beneficiary Identifier

9. Are you covered by insurance other than Medicare?
   - Yes, indicate in item 10 below.
   - No

10. Indicate the type(s) of other insurance:
    - TRICARE
    - FEHB
    - Other
    - Name of other insurance
    - Secondary Health Insurance
    - Policy Number 123456789

11. Email address
    - my.email.address@homeowrk.com

12. Preferred telephone number
    - 123-456-7890

13. Name of family member (last, first, middle initial)
    - Surname, Spouse M

14. Social Security Number
    - 888-88-8888

15. Date of birth (mm/dd/yyyy)
    - 11/11/1234

16. Sex
    - M X F

17. Relationship code
    - 01

18. Address (if different from enrollee)

19. If this family member is covered by Medicare, check all that apply.
   - A
   - B
   - D

20. Medicare Beneficiary Identifier

21. Is this family member covered by insurance other than Medicare?
   - Yes, indicate in item 22 below.
   - No

22. Indicate the type(s) of other insurance:
    - TRICARE
    - FEHB
    - Other
    - Name of other insurance
    - Policy Number

23. Email address (if applicable, enter email address of your spouse or adult child)

24. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child)

25. Name of family member (last, first, middle initial)
    - Surname, Child M

26. Social Security Number
    - 777-77-7777

27. Date of birth (mm/dd/yyyy)
    - 11/22/1254

28. Sex
    - M X F

29. Relationship code
    - 19

30. Address (if different from enrollee)

31. If this family member is covered by Medicare, check all that apply.
   - A
   - B
   - D

32. Medicare Beneficiary Identifier

33. Is this family member covered by insurance other than Medicare?
   - Yes, indicate in item 34 below.
   - No

34. Indicate the type(s) of other insurance:
    - TRICARE
    - FEHB
    - Other
    - Name of other insurance
    - Policy Number

35. Email address (if applicable, enter email address of your spouse or adult child)

36. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child)

37. Name of family member (last, first, middle initial)
    - Surname, Step M

38. Social Security Number
    - 666-66-6666

39. Date of birth (mm/dd/yyyy)
    - 11/11/1257

40. Sex
    - M X F

41. Relationship code
    - 17

42. Address (if different from enrollee)

43. If this family member is covered by Medicare, check all that apply.
   - A
   - B
   - D

44. Medicare Beneficiary Identifier

45. Is this family member covered by insurance other than Medicare?
   - Yes, indicate in item 46 below.
   - No

46. Indicate the type(s) of other insurance:
    - TRICARE
    - FEHB
    - Other
    - Name of other insurance
    - Policy Number

47. Email address (if applicable, enter email address of your spouse or adult child)

48. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child)
Look for the enrollment code on the cover page of the plan brochure. The first two digits are for the specific plan you have chosen. The third digit indicates whether it is a self only, self plus one or self and family enrollment. The three digit codes for all FEHB plans are also listed on the OPM website.

**Part B - FEHB Plan You Are Currently Enrolled In (if applicable)**

<table>
<thead>
<tr>
<th>1. Plan name</th>
<th>2. Enrollment code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>991</td>
</tr>
</tbody>
</table>

**Part C - FEHB Plan You Are Enrolling In or Changing To**

<table>
<thead>
<tr>
<th>1. Plan name</th>
<th>2. Enrollment code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>992</td>
</tr>
</tbody>
</table>

**Part D - Event That Permits You To Enroll, Change, or Cancel (see page 6)**

<table>
<thead>
<tr>
<th>Event code</th>
<th>Date of event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B</td>
<td>11/09/2020</td>
</tr>
</tbody>
</table>

Event code 1B means Open Season Election.

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

- 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 of FEHB**

- 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 of FEHB (Annuitants/Former Spouses Only)**

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

**Part H - Signature**

- Your signature (do not print)
- Date (mm/dd/yyyy)
- Personnel telephone number
- Name and address of agency or retirement system
- Authorizing official (please print)
- Signature of authorized agency official
- Payroll office number
- Payroll office contact (please print)
- Payroll telephone number

**Remarks**

- This date must be during Open Season 11/13/2023-12/11/2023. Use the date you completed the form.

You must use the current version of the SF2809 dated November 2019. Outdated version will not be accepted.