

# FEDERAL BENEFITS OPEN SEASON

## INFORMATION FOR RESOURCE COORDINATORS

### OPEN SEASON RUNS FROM

**MONDAY  
NOVEMBER  
13, 2023**

**THROUGH**

**MONDAY  
DECEMBER 11,  
2023**

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## THE RESOURCE COORDINATOR'S ROLE IN OPEN SEASON

Open Season is the time for employees to review their health, dental, vision, and tax-saving needs and make changes to or enroll in these programs:

- Federal Employees Health Benefits (FEHB)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Federal Flexible Spending Accounts (FSAFEDS)

To assist employees during this time, we ask you to read the Employee Instructions. This newsletter provides all the relevant information about Open Season. If you know of employees who may not receive emails, please print and mail them a copy of the Employee Instructions.

We also ask that you take the time to familiarize yourself with this Open Season webpage:

<https://www.opm.gov/healthcare-insurance/open-season>

When employees have questions, please direct them to these resources, in this order:

- Employee Instructions Handout
- <https://www.opm.gov/healthcare-insurance/open-season>

# 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 for 2024 as determined by OPM).

Be sure to review this list, as well as the 2024 premiums before you make your election to be sure that you fully understand the cost and coverage of your plan via [Premiums \(opm.gov\)](https://www.opm.gov/policy-procedures/benefits/premiums/)

**VISION AND DENTAL BENEFITS:** There are a total of 23 dental plan options and 10 vision plan options in 2024 for employees to review during the upcoming Open Season.

**FLEXIBLE SPENDING ACCOUNT:** For 2024, Flexible Spending Account enrollments can carry over up to \$610 from year to year. In order to use those funds, you must re-enroll.

### EMPLOYEE TOOLS

**VIRTUAL BENEFITS FAIR:** 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 online here](#), confirming your email address, and setting a secure password.

Carriers will be available to answer questions and provide specific information during live chats at the following dates and times:

- Tuesday, November 14, 2023, from 10 a.m.– 5 p.m. EST
- Tuesday, November 21, 2023, from 10 a.m. – 5 p.m. EST
- Thursday, November 30, 2023, from 10 a.m.– 5 p.m. EST
- Thursday, December 07, 2023, from 10 a.m.– 5 p.m. EST

**HUMAN RESOURCES OPEN SEASON HELP:** The Human Resources Office has a Benefits phone line available for questions. Please call (877) 374-7471 for assistance or email [FSISHR1@usda.gov](mailto:FSISHR1@usda.gov).



OPEN SEASON

PLAN CHANGES

**DEADLINE FOR  
CHANGES IS  
MIDNIGHT**

**CENTRAL 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 EMPLOYEES HEALTH BENEFITS

### CHOOSING A HEALTH PLAN

There are several tools available for employees to help them choose a health plan. Some of these sites may not be updated by OPM until Open Season begins on 11/13/2023.

1. [OPM Plan Search Tool](#) – This tool helps employees narrow down their choices by providing side-by-side comparisons of the plans, including benefits, premiums, and quality indicators. You can also access links to Individual FEHB Plan Brochures.
2. [2024 FEHB Plan Rates](#) – Lists the rates for all FEHB plans by code for 2024 versus 2023.
3. [FEHB Plan Brochures](#) – has the links to all the plan brochures for detailed information on what each plan covers and their websites.

**Open Season FEHB elections are effective on 1/14/2024, which is the first day of Pay Period 1 in 2024.**

### 4. MAKING AN ELECTION

Employees are permitted to make **only one health insurance election** during open season. There are two ways to make an election:

- The Employee Personal Page (myEPP)
- [Form SF-2809](#) – Submit form to the HR Benefits team by email **OR** fax

You should encourage employees to use [myEPP](#). **Please remind employees to keep a copy of their electronic enrollment confirmation.**

### **PLEASE NOTE THESE VERY IMPORTANT ITEMS:**

1. If you know an employee that is **planning on retiring on or before 1/13/2023 DO NOT USE myEPP**. They **MUST submit a hard-copy SF-2809** to the HR Benefits team in order for their Open Season change to process.
2. 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](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.

# 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 [Plan Premiums \(opm.gov\)](https://www.opm.gov/plan-premiums/).

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.

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](https://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.



### FEDVIP

**Open season elections**

**are effective**

**January 1, 2024**

**FEDVIP  
enrollments  
cannot be  
processed through  
myEPP or by  
Human Resources.**

**You must enroll  
through  
BENEFEDS.**

# FEDERAL BENEFITS OPEN SEASON

## FSAFEDS OPEN SEASON



FSAFEDS  
Enrollments Carry  
Over Funds Vary  
From Year To  
Year.

### **BUT**

**in order to use  
those funds, you  
must re- enroll.**

You will have  
from 1/1/2024 to  
12/31/2024 to use  
that money.

**FSAFEDS  
enrollments  
cannot be  
processed  
through  
myEPP  
or by  
Human  
Resources.**

**You must enroll  
through  
FSAFEDS.**

### 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 (HCFSFA) 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 HCFSFA (LEX HCFSFA) 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](#) 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 carry over up to \$610 to the 2024 plan year, only if they enroll in FSA during Open Season this year. Any amount over \$610 that is not used will be forfeited.

For a list of frequently asked questions about the program, go to [FSAFEDS FAQs](#)

### FSAFEDS ENROLLMENT

Enroll in [FSAFEDS](#) on line 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 TTY (866) 353-8058 for assistance.

**FSAFEDS OPEN SEASON ELECTIONS ARE EFFECTIVE JANUARY 1, 2024.**

## CONTACT INFORMATION

**VISIT OPM'S OPEN SEASON WEBPAGE:**

<https://www.opm.gov/healthcare-insurance/open-season>

For FEDVIP, call BENEFEDS (877) 888-3337

For Flexible Spending Account, call FSAFEDS (877) 372-3337

### **ADDITIONAL RESOURCES**

[www.opm.gov/insure](http://www.opm.gov/insure)

[www.fsafeds.com](http://www.fsafeds.com)

[www.benefeds.com](http://www.benefeds.com)

## FINAL REMINDERS

**Open Season runs from  
Monday, November 13, 2023 through  
Monday, December 11, 2023.**

You are permitted to make only one election for FEHB during open season. Please refer your employees to the Employee Instructions as their first point of reference.

# APPENDIX A

MyEPP

HomeHelpDemo

Warning

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search and seize any communication or data transiting or stored on this information system.
- Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.
- Your consent is final and irrevocable. You may not rely on any statements or informal policies purporting to provide you with any expectation of privacy regarding communications on this system, whether oral or written, by your supervisor or any other official, except USDA's Chief Information Officer.

**Terms and Conditions for Use:**

To use this site, you must adhere to all requirements for access. Unauthorized use of this site and/or our systems, including but not limited to misuse of any information posted on the site or unauthorized entry into any of our systems is strictly prohibited. In addition, you may not either directly or through the use of any device, software, Internet site, web-based service, or other means incorporate the content on this site into, or stream or retransmit the content via any hardware or software application or make it available via frames or in-line links.

I Agree

MyEPP

HomeHelpDemo

National Finance Center

**My Employee Personal Page**

Providing employees self-service access to their personal information and the ability to view and make changes to their salary and benefit information without having to submit changes requests to their Agency personnel office.

Choose a Sign in Option


MyEPP allows users the option of choosing to sign in with their normal MyEPP credentials or their eAuthentication account if they have one. Please choose a sign in option to proceed.

Sign in with PIV

Sign in with EPP Account


Need assistance?

News and Announcements



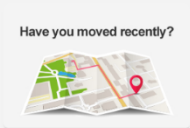
**When Should Your Paycheck (Direct Deposit) Be In Your Account?**

Direct Deposit is fast, safe, and convenient. Some financial institutions actually post earlier than



**2022 Virtual Benefits Fair**


Register to attend the 2022 Virtual Benefits Fair to chat with carriers, review 2023 plan details, and get the information you need in one convenient, online location. Live chats with carriers will be held



**Have you moved recently?**

**Keep Your Address Current. Even If You Leave Federal Employment!**

Be sure that you have provided your current mailing address to your servicing personnel office to ensure you are receiving any mail the National Finance Center may send



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Sample Page

**Joseph Q. Harley**  
OFC OF THE CHIEF FIN OFFC

☐ Home

☐ Financial Disclosure

☐ Leave Calculator

☐ Benefits Statement


☒ **Personal Info**

☐ Preferences

☐ Time Manager

☐ Links

[BENEFEDS Home](#)  
[TSP Home](#)  
[CFC Give Back](#)



**News and Announcements!**

If you have a question about this data or believe it has errors, please contact your [servicing 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 [cfcgiving.opm.gov](http://cfcgiving.opm.gov)

**Pending Self-Service Changes**


Type	Effective Pay Period, Year	Status
Health Insurance	01, 2019	Pending
Direct Deposit	20, 2018	Pending

**Recent Self-Service Changes**

Type	Effective Pay Period, Year
Direct Deposit	10, 2017
Federal Tax (W-4)	04, 2015
Financial Allotment	15, 2015
State Tax	22, 2015
TSP Traditional	22, 2015
TSP Traditional Catchup	22, 2015

7/30/2020 501 1





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☐ ERI, Gender, & Disability

☐ Financial Allotments

☐ Federal Tax (W-4)

☐ Flex Spending Accounts

☒ Health Insurance

☐ Health Savings Account

☐ Life Insurance

☐ Leave

☐ Residence Address

☐ State Tax

☐ Third Party Debts

☐ TSP

☐ TSP Catch-Up

☐ Vet Status & Preference

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☐ 1095-C


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### Health Insurance

[Self-Service](#)
[Print-Friendly](#)


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				
Plan Code / Description	Premium Conversion	Employee PP Deduction	Agency PP Contribution	Employee YTD Deduction
104 BLUE CROSS AND BLUE SHIELD	Y	\$86.39	\$1.00	\$267.05
BENEFEDS DENTAL	Y	\$0.00	\$0.00	\$0.00

#### Self-Service History

No information found.

 What is [FEHB Premium Conversion](#)?

 Checkout [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.



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**FEHB Self-Service Self-Service Request**

"Cancel Enrollment" change requests entered today will be effective the last day of Pay Period . Because it is now FEHB 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 FEHB 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 the 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 10 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(if 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 FEHB Carrier, if requested.

For other types of changes, please see your servicing personnel office.

Exit

7/30/2020 5:01:1

APPENDIX A



Pay Period Calendar

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Sample Page

1. Enter

2. Submit

3. Print

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.

Change Plan	
Effective Pay Period, Year	01, 2018
* Plan Code / Name	314 GEHA HEALTH BENEFIT PLAN
* Premium Conversion	<input checked="" type="radio"/> Yes <input type="radio"/> No
* Married	<input checked="" type="radio"/> Yes <input type="radio"/> No
* Preferred Phone	504 555 5555
E-mail Address	Joseph.Q.Harley@usda.gov
Medicare Coverage	<div>If you are covered by Medicare, check all that apply. <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D Medicare Claim Nbr 789987</div>
Other Insurance Coverage	<div>Are you covered by insurance other than Medicare? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate below. <input type="checkbox"/> Tricare <input checked="" type="checkbox"/> Private Insurance Plan Name: Humana Policy Nbr: 456753</div>
<div>Continue</div>	

Continue

Exit

Joseph Q. Harley

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Health Savings Account

Life Insurance

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1. Enter
2. Submit
3. Print

**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".

Change Plan	
Type of Change	Change Plan
Effective Pay Period, Year	01, 2018
Plan Code / Name	314 GEHA HEALTH BENEFIT PLAN
Married?	Yes
Preferred Phone	(504) 555-5555
Medicare Coverage	<div> Medicare A Yes  Medicare B No  Medicare D No </div> Medicare Claim Nbr 789987
Other Insurance Coverage	Tricare No Private Insurance Plan Name Humana Policy Nbr 456753
Family Members (if applicable)	<b>JANICE R HARLEY 444-44-4444</b> <div> Birth Date 05/01/1963  Gender F  Relationship 01 - Spouse  Address </div> <div> Phone Number (504) 555-5555  E-mail Address Janice.A.Harley@yahoo.com </div> <div> Medicare Coverage  Medicare A N  Medicare B N  Medicare D N  Medicare Claim Nbr </div> <div> Other Insurance Coverage  Tricare N  Private Insurance Plan Name  Policy Nbr </div>

Back Submit

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 1/18/2016.

Joseph Q. Harley

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1. Enter

2. Submit

3. Print

## 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@USDA.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 01/10/2016, the first day of pay period 1.
- Processed in the Pay Period 1 processing cycle that begins on 1/18/2016.
- Reflected on your Pay Period 1 E&L Statement (official pay date 2/4/2016).

This Self-Service request should be reflected on your Employee Personal Page (sample page) (EPP) within two 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 your Personnel/Human Resources Office to determine the status of this request. Remember to check your Pay Period 1 Earnings and Leave Statement closely to verify that your Self-Service request achieved the desired result.

Please print this page for your records.

Change Plan	
Type of Change	Change Plan
Date Entered	11/18/2017 8:34AM
Effective Pay Period, Year	01, 2018
Employee Name and Address	JOSEPH HARLEY 400 CONSTANTINOPLE ST NEW ORLEANS, LA 70119-0000
Plan Code / Name	314 GEHA HEALTH BENEFIT PLAN
Married?	Yes
Preferred Phone	(504) 555-5555
Medicare Coverage	Medicare A Yes Medicare B No Medicare D No Medicare Claim Nbr 789987
Other Insurance Coverage	Tricare No Private Insurance Plan Name Humana Policy Nbr 456753
Family Members (if applicable)	JANICE R HARLEY ***.**.4444 Birth Date 05/01/1963 Gender F Relationship 01 - Spouse Address Phone Number (504) 555-5555 E-mail Address Janice.A.Harley@yahoo.com Medicare Coverage Medicare A N Medicare B N Medicare D N Medicare Claim Nbr Other Insurance Coverage Tricare N Private Insurance Plan Name Policy Nbr

[Exit](#)





Federal Employees  
Health Benefits Program

## 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) Surname, First M		2. Social Security Number 999-99-9999		3. Date of birth (mm/dd/yyyy) 01/23/1234		4. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		5. Are you married? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Home mailing address (including ZIP Code) 111 Main Street City, ST 99999				7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. Medicare Beneficiary Identifier <b>Response is required</b>			
10. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input checked="" type="checkbox"/> Other <i>Name of other insurance</i> <u>Secondary Health Insurance</u> <i>Policy Number</i> <u>123456789</u> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				9. Are you covered by insurance other than Medicare? <input checked="" type="checkbox"/> Yes, indicate in item 10 below. <input type="checkbox"/> No					
11. Email address my.email.address@homeorwork.com				12. Preferred telephone number 123-456-7890					
13. Name of family member (last, first, middle initial) Surname, Spouse M		14. Social Security Number 888-88-88888		15. Date of birth (mm/dd/yyyy) 11/11/1234		16. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		17. Relationship code 01	
18. Address (if different from enrollee) <b>This box should only be checked if you will be covered under two FEHB plans after this election is processed. It alerts you and HR that action must be taken to avoid dual enrollment.</b>				19. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		20. Medicare Beneficiary Identifier			
22. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance</i> <i>Policy Number</i> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				21. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 22 below. <input checked="" type="checkbox"/> No <b>See item 15 on page 2 of the instructions form for the relationship code.</b>					
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 <input checked="" type="checkbox"/> M <input type="checkbox"/> F		29. Relationship code 19	
30. Address (if different from enrollee)				31. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		32. Medicare Beneficiary Identifier			
34. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance</i> <i>Policy Number</i> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				33. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 34 below. <input checked="" type="checkbox"/> No					
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 <input type="checkbox"/> M <input checked="" type="checkbox"/> F		41. Relationship code 17	
42. Address (if different from enrollee)				43. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		44. Medicare Beneficiary Identifier			
46. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other <i>Name of other insurance</i> <i>Policy Number</i> <input type="checkbox"/> FEHB <i>An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.</i>				45. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 46 below. <input checked="" type="checkbox"/> No					
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)					

Enrollee name: \_\_\_\_\_

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)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name Current FEHB Plan Name	2. Enrollment code 991	1. Plan name New FEHB Plan Name	2. Enrollment code 992
Part D - Event That Permits You To Enroll, Change, or Cancel (see page 6)		Part E - Election NOT to Enroll (Employees Only)	
1. Event code 1B	2. Date of event 11/09/2020	<input type="checkbox"/> 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		Part G - Suspension of FEHB (Annuitants/Former Spouses Only)	
<input type="checkbox"/> 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.		<input type="checkbox"/> 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) 11/14/2022	
Part I - To be completed by agency or retirement system			
REMARKS			
1. Date received (mm/dd/yyyy)		2. Effective date of action (mm/dd/yyyy)	
4. Name and address of agency or retirement system		3. Personnel telephone number ( )	
		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 ( )	