

# FEDERAL BENEFITS OPEN SEASON

## INFORMATION FOR EMPLOYEES

**OPEN SEASON  
RUNS FROM  
  
MONDAY,  
NOVEMBER  
  
11, 2024  
Through  
MONDAY  
DECEMBER  
  
09, 2024**

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### **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 2025. It is also the time to establish your 2025 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 2025 plan brochure for any changes in coverage or premiums.

Once **open season closes** on 12/09/2024, 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 2025 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 2025?

### PLAN CHANGES

HEALTH BENEFITS: Some health plans have dropped out of the FEHB program for 2025. 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 2025 as determined by OPM)**.

If you are notified that your plan is dropping out of the FEHB program, be sure to review the 2025 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 2025 Premiums at <https://www.benefeds.gov/tools> before you make your election in order to fully understand the cost and coverage of your plan.

FLEXIBLE SPENDING ACCOUNT: For 2025, 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 Health 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: [register here https://www.benefeds.com/learn/fedvip/webinars](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:

- Thursday, November 14, 2024, from 10 a.m. to 5 p.m. EST
- Thursday, November 21, 2024, from 10 a.m. to 5 p.m. EST
- Tuesday, November 26, 2024, from 10 a.m. to 5 p.m. EST
- Tuesday, December 03, 2024, 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 [OHR Portal \(https://ohrportal.fsis.usda.gov/portal/find-contacts\)](https://ohrportal.fsis.usda.gov/portal/find-contacts), select your District or Program, and then select Benefits services.

You may also email [FSISHR1@usda.gov](mailto: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  
CENTRAL TIME  
ON  
12/09/2024**

**OPEN SEASON  
FEHB ELECTIONS  
ARE EFFECTIVE  
ON SUNDAY  
01/12/2025**

(PAY PERIOD 01 2025)

# 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 11/11/2024

### OPM TOOLS

<https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>

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

<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 SF2809 under: [BAL 20-203 Attachment #5, Appendix 2](https://www.opm.gov/retirement-center/publications-forms/benefits-administration-letters/2020/20-203a5.pdf) (<https://www.opm.gov/retirement-center/publications-forms/benefits-administration-letters/2020/20-203a5.pdf>). If you are adding a foster child to your plan do not use EPP to make your election, you have a child incapable of self-support over age 26 or a court order in place. Submit the SF2809 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 09, 2024. Please act 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 11:59 pm Central time December 09, 2024.

# FEDERAL BENEFITS OPEN SEASON

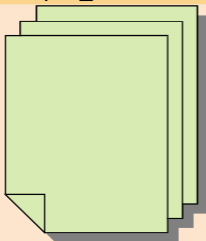
## HOW TO MAKE AN ELECTION

If you are retiring  
on or before  
January 11<sup>th</sup> 2025

**DO NOT use  
myEPP**

Please submit a  
hard copy  
**SF2809**

[https://www.opm.gov/  
forms/pdf\\_fill/sf2809.pdf](https://www.opm.gov/forms/pdf_fill/sf2809.pdf)



**NOTE: SCAN OR  
PRINT A COPY OF  
YOUR COMPLETED  
myEPP  
ENROLLMENT FORM**

**EMAIL OR FAX YOUR  
SF-2809 TO OUR  
OFFICE**

**SEE NEXT PAGE**

## 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:

1. National Finance Center's [Employee Personal Page \(myEPP\)](https://www.nfc.usda.gov/epps/index.aspx) (<https://www.nfc.usda.gov/epps/index.aspx>)
2. [Form SF-2809](https://www.opm.gov/forms/pdf_fill/sf2809.pdf) ([https://www.opm.gov/forms/pdf\\_fill/sf2809.pdf](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](http://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 11, 2025, **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.)

# FEDERAL BENEFITS OPEN SEASON

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 [SF2809](https://www.opm.gov/forms/pdf_fill/sf2809.pdf) ([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 Bon** page 18 of this document for an example of a completed open season election prior to submitting your form and ensure that you have properly completed it. This will help avoid processing delays.

Send the last two pages of the SF-2809 you may complete a form either by uploading into [CRMS \(usda.gov\)](https://crms.usda.gov) utilizing the assistance drop down options to submit an open season election; email the completed form to [FSISHR1@usda.gov](mailto:FSISHR1@usda.gov) Subject line: FEHB Open Season or fax to 1-833-840-9217.

Remember to **KEEP A COPY** of the EPP submission, sent email OR the fax confirmation as proof of your timely submission.

Please **DO NOT SUBMIT** the SF2809 by email and CRMS. Sending a form by email **AND CRMS 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](https://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."

# FEDERAL BENEFITS OPEN SEASON



Information you provide by enrolling in the Federal Employees Health Benefits Program may also be used for computer matching with Federal, State, or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the FEHB program, Medicare, or other government benefits programs.

## 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/) (<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/) (<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 <https://www.benefeds.gov/> 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 [clicking this link](https://www.benefeds.gov/contact) (<https://www.benefeds.gov/contact>).



### FEDVIP

Open season  
are effective

January 1, 2025

### FEDVIP

### Enrollments

cannot be processed

through

myEPP

or

Human Resources

You must enroll

through

BENEFEDS

# FEDERAL BENEFITS OPEN SEASON

## FSAFEDS OPEN SEASON



FSAFEDS  
Enrollments Can  
Carry Over Up to  
\$640 From Year to  
Year.

**BUT**  
**IN ORDER TO USE**  
**THOSE FUNDS,**  
**YOU MUST**  
**REENROLL.**

You will have  
from 1/1/2025 to  
12/31/2025 to  
use that money.

**FSAFEDS**  
**enrollments**  
**cannot be**  
**processed**  
**through NFC**  
**EPP or**  
**by**  
**Human**  
**Resources.**  
**You MUST**  
**enroll through**  
**FSAFEDS.**

### 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 childcare 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 FSAFEDSCALCULATOR

The [FSAFEDS Calculator](https://www.fsafeds.gov/support/savingscalculators)

(<https://www.fsafeds.gov/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, 2025 through December 31, 2025 to spend their FSAFEDS account. Employees can carryover up to \$640 to the 2025 plan year, only if they enroll in FSA during Open Season this year. Any amount over \$640 not used will be forfeited.

For a list of frequently asked questions about the program, go to the [FSAFEDS FAQ](https://www.fsafeds.gov/support/FAQ) (<https://www.fsafeds.gov/support/FAQ>).

### FSAFEDS ENROLLMENT

Enroll in [FSAFEDS](https://www.fsafeds.gov/enroll/open-season) (<https://www.fsafeds.gov/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, 2025.**



# FEDERAL BENEFITS OPEN SEASON

## CONTACT INFORMATION

### FOR MORE INFORMATION VISIT:

Federal Employee Group Health Benefits (FEHB) at [www.opm.gov/insure](http://www.opm.gov/insure)

FEDVIP (Dental & Vision) at [www.benefeds.gov](http://www.benefeds.gov) or (877) 888-3337

Flexible Spending Accounts at [www.fsafeds.gov](http://www.fsafeds.gov) or (877) 372-3337

## FINAL REMINDERS

**Open Season runs from  
Monday, November 11, 2024 through  
Monday, December 09, 2024.**

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.

# 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.



[Pay Period Calendar](#)[Help](#)[Contact Us](#)[Log out](#)

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](#)

powered by 

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](#)

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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Health Savings Account

Life Insurance

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Third Party Debts

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TSP Catch-Up

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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

APPENDIX A





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Sample Page

Joseph Q. Harley

OFC OF THE CHIEF FIN OFFC

Home

Financial Disclosure

Leave Calculator

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Direct Deposit

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ERI, Gender, & Disability

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Flex Spending Accounts

Health Insurance

Health Savings Account

Life Insurance

Leave

Residence Address

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TSP

TSP Catch-Up

Vet Status & Preference

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1095-C

Miscellaneous

Preferences


Time Manager

Links

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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</div> <div>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</div> <div>If yes, indicate below. <input type="checkbox"/> Tricare <input checked="" type="checkbox"/> Private Insurance</div> <div>Plan Name: Humana</div> <div>Policy Nbr: 456753</div>		
<div>Continue</div>			

Exit

APPENDIX A

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Sample Page

Joseph Q. Harley

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☐ Home☐ Financial Disclosure☐ Leave Calculator☐ Benefits Statement☐ Personal Info☐ Debt Management☐ Direct Deposit☐ E&L Statements☐ 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☐ W-2☐ 1095-C☐ Miscellaneous☒ Preferences☐ Time Manager☐ Links[BENEFEDS Home](#)[TSP Home](#)[OFC Give Back](#)

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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".

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	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 444-44-4444 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
<div>Back Submit</div>	

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

OFC OF THE CHIEF FIN OFFC

☐ Home☐ Financial Disclosure☐ Leave Calculator☐ Benefits Statement☐ Personal Info☐ Debt Management☐ Direct Deposit☐ E&L Statements☐ 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☐ W-2☐ 1095-C☐ Miscellaneous☒ Preferences☐ Time Manager☐ Links[BENEFEDS Home](#)[TSP Home](#)[CFC Give Back](#)powered by 

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	<table> <tr> <td>Medicare A</td><td>Yes</td></tr> <tr> <td>Medicare B</td><td>No</td></tr> <tr> <td>Medicare D</td><td>No</td></tr> </table> Medicare Claim Nbr 789987	Medicare A	Yes	Medicare B	No	Medicare D	No
Medicare A	Yes						
Medicare B	No						
Medicare D	No						
Other Insurance Coverage	<table> <tr> <td>Tricare</td><td>No</td></tr> <tr> <td>Private Insurance Plan Name</td><td>Humana</td></tr> <tr> <td>Policy Nbr</td><td>456753</td></tr> </table>	Tricare	No	Private Insurance Plan Name	Humana	Policy Nbr	456753
Tricare	No						
Private Insurance Plan Name	Humana						
Policy Nbr	456753						
Family Members (if applicable)	<p>JANICE R HARLEY ***.**.4444</p> <p>Birth Date 05/01/1963 Gender F Relationship 01 - Spouse Address</p> <p>Phone Number (504) 555-5555 E-mail Address Janice.A.Harley@yahoo.com</p> <p>Medicare Coverage Medicare A N Medicare B N Medicare D N Medicare Claim Nbr</p> <p>Other Insurance Coverage Tricare N Private Insurance Plan Name Policy Nbr</p>						

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 Name of other insurance Secondary Health Insurance Policy Number 123456789 <input type="checkbox"/> FEHB 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.				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 Name of other insurance Policy Number <input type="checkbox"/> FEHB 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.				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 Name of other insurance Policy Number <input type="checkbox"/> FEHB 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.				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 Name of other insurance Policy Number <input type="checkbox"/> FEHB 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.				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)					

(Continued on the reverse)

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 11/11/2024	<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)	
Be sure to sign and date. Fax to 833-840-9217 and keep the fax confirmation sheet for your records.		This date must be during Open Season 11/11/2024-12/09/2024. Use the date you completed the form.	
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 ( )	