

FEDERAL BENEFITS OPEN SEASON

INFORMATION FOR RESOURCE COORDINATORS

**OPEN SEASON
RUNS FROM**

**MONDAY
NOVEMBER 11,
2024**

THROUGH

**MONDAY
DECEMBER 09,
2024**

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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 2025?

PLAN CHANGES

HEALTH BENEFITS: Some health plans have dropped out of the FEHB program for 2025. If the plan an employee is currently enrolled in will not be participating next year, they must enroll in a different plan or will be enrolled automatically in the GEHA Indemnity Benefit Plan – Elevate Option (the lowest-cost nationwide plan for 2025 as determined by OPM).

Employees can review this list, as well as the 2025 premiums before they make their election to be sure that they fully understand the cost and coverage of their 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 2025 for employees to review during the upcoming Open Season.

FLEXIBLE SPENDING ACCOUNT: For 2025, Flexible Spending Account enrollments can carry over up to \$640 from year to year. In order to use those funds, employees must re-enroll.

EMPLOYEE TOOLS

VIRTUAL BENEFITS FAIR: Employees 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. Employees can access this fair by [registering online here](#), confirming their 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:

- Thursday, November 14, 2024, from 10 a.m.– 5 p.m. EST
- Thursday, November 21, 2024, from 10 a.m.– 5 p.m. EST
- Tuesday, November 26, 2024, from 10 a.m.– 5 p.m. EST
- Tuesday, December 03, 2024, 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.



OPEN SEASON
PLAN CHANGES

**DEADLINE FOR
CHANGES IS
MIDNIGHT
CENTRAL TIME**

**ON
12/09/2024**

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

(PAY PERIOD 1/2025)

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 11/11/2024.

- [OPM's 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.
- [2025 FEHB Plan Rates](#) – Lists the rates for all FEHB plans by code for 2025 versus 2024.
- [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 1/12/2025, the first day of Pay Period 1 in 2025.

MAKING AN ELECTION

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

- Employee Personal Page ([myEPP](#)) – *Recommended*
You should encourage employees to use [myEPP](#).
Please remind employees to keep a copy of their electronic enrollment confirmation.
- Submit a FEHB Election Form, [SF-2809](#), to the HR Benefits team via one of the following:
 1. [CRMS request](#)
 2. [Email](#)
 3. Fax

PLEASE NOTE THESE VERY IMPORTANT ITEMS:

1. If you know an employee that is planning on **retiring on or before January 11, 2025, they SHOULD NOT use myEPP**. They **MUST submit a hard-copy SF-2809** to the HR Benefits team for their Open Season change to process.
2. If an employee is unable to access myEPP due to extenuating circumstances, no computer, or wish to change their mind on a previous EPP FEHB open season selection; they may complete a Health Benefits Election Form SF-2809 (https://www.opm.gov/forms/pdf_fill/sf2809.pdf) and submit it to the HR Benefits team for manual processing. The employee must use the current version of the form (Nov 2019). Older versions of the form are invalid. They will need Acrobat Adobe Reader 8 or later to use this fillable form. Employees can view **Appendix B** on page 18 of the Employee Guide (page 16 of this document) for an example of a completed open season election prior to submitting the form and to insure that they have properly completed it. This will help avoid processing delays. Employees can submit the last two pages of the SF-2809 by **EITHER** uploading into CRMS (<https://crms-portal-prod.fsis.usda.gov/>) utilizing the assistance drop down option; Emailing the completed form to FSISHR1@usda.gov - Subject line: FEHB Open Season or Faxing the completed form to 1-833-840-9217.

Please DO NOT SUBMIT the SF 2809 by CRMS AND email AND fax. Sending a form via more than one option 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 the employees FEHB or other health plan. Since FEDVIP plans are purchased on a group basis, employees receive competitive premiums and 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 FEDVIP coverage.

To find FEDVIP plan information, go to [Plan Premiums \(opm.gov\)](https://www.opm.gov/plan-premiums).

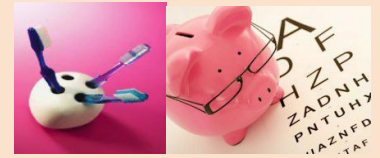
FEDVIP premiums are paid through payroll deduction using pretax dollars. This means an employee's taxable income will be lower. Employees are responsible for the full premium; the government does not pay a share of this supplemental insurance.

There is no 5-year enrollment requirement for FEDVIP coverage so when an employee retires, their 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.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 and can be reached at (877) 888-3337 or TTY 711.



**FEDVIP
OPEN SEASON
ELECTIONS ARE
EFFECTIVE ON
01/01/2025
(PAY PERIOD 1/2025)**

**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,
employees must
re- enroll.**

You will have
from 1/1/2025 to
12/31/2025 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 employees save money by allowing them 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](#) 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 carry over up to \$640 to the 2025 plan year, only if they enroll in FSA during Open Season this year. Any amount over \$640 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](#) 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 TTY (866) 353-8058 for assistance.

FSAFEDS OPEN SEASON ELECTIONS ARE EFFECTIVE JANUARY 1, 2025.

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

www.fsafeds.gov

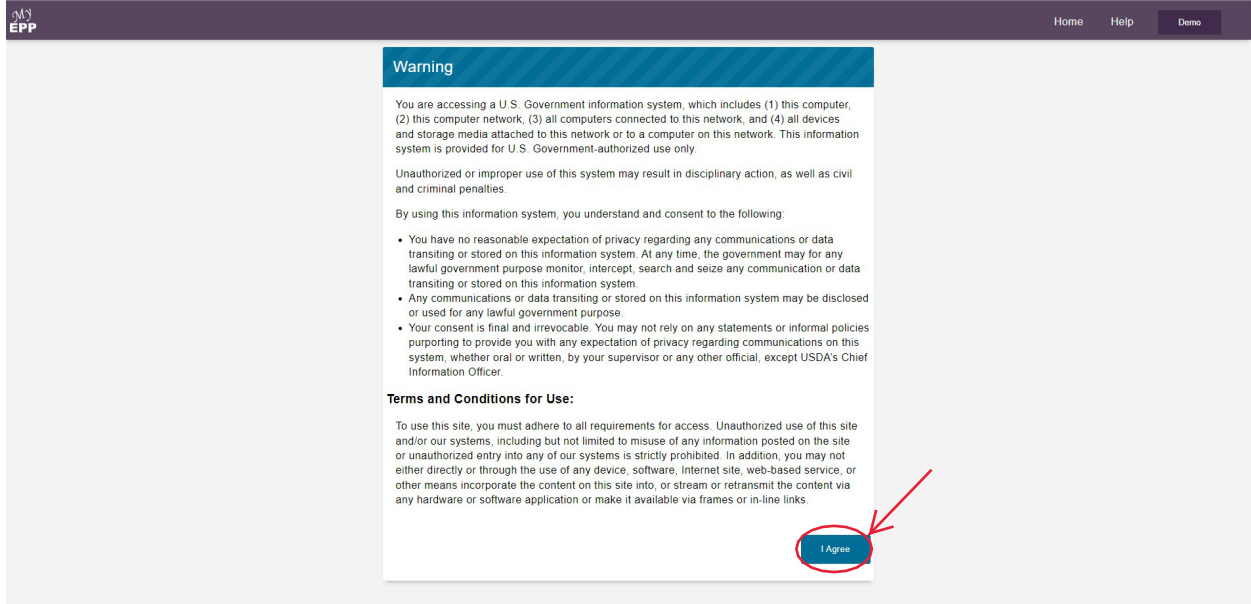
www.benefeds.gov

FINAL REMINDERS

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

Employees 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 Home Help Demo

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.

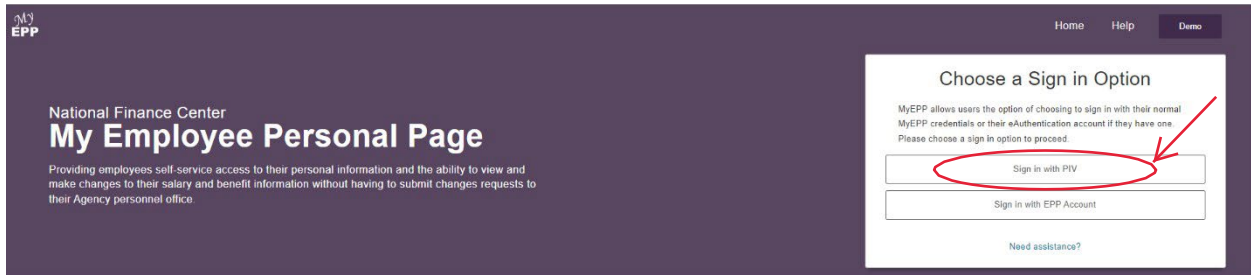
By using this information system, you understand and consent to the following:

- 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 Home Help Demo

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

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Sample Page

Joseph Q. Harley

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- Financial Disclosure
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[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

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



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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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Health Insurance

Health Savings Account

Life Insurance

Leave

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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 5:01:11



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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	<p>If you are covered by Medicare, check all that apply.</p> <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D <p>Medicare Claim Nbr: 789987</p>
Other Insurance Coverage	<p>Are you covered by insurance other than Medicare?</p> <input checked="" type="radio"/> Yes <input type="radio"/> No <p>If yes, indicate below.</p> <input type="checkbox"/> Tricare <input checked="" type="checkbox"/> Private Insurance <p>Plan Name: Humana Policy Nbr: 456753</p>
<input type="button" value="Continue"/>	



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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	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
<input type="button" value="Back"/> <input type="button" value="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.

1. Enter _____ 2. Submit _____ 3. Print

Joseph Q. Harley

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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@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](#)

APPENDIX B

SAMPLE OF A COMPLETED OPEN SEASON ELECTON FORM
Pages 1-4 of the form instructions provide more detailed information.

Form Approved:
B No. 3206-0160

Federal Employees
Health Benefits Program

Health Benefits Election Form

Part A- Enrollee and Family: Member Information (*For automatic continuity members use a separate sheet and attach*)

1. Enrollee name (<i>last, first, middle initial</i>) s_w_n_a_m_e_f_i_r_s_t_M	2. Social Security Number . 9 9 9 - 9 9 - 9 9 9 9	3. Date of birth (<i>mm/dd/yyyy</i>) 11/23/1234	4. Sex M	5. Are you married? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6. Home mailing address (<i>including ZIP Code</i>) 111 Main Street		7. If you are covered by Medicare, check all that apply. A B D		
8. Medicare Beneficiary Identifier		Response is required		

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

10. Indicate the type(s) of other insurance:
 TRICARE X Other *Name of other insurance* _____ Health Insurance _____ *Policy Number* 123456789
 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.*

11. Email address y.email.address@homeorwork.com	12. Preferred telephone number 123-456-7890
13. Name of family member (<i>last, first, middle initial</i>) Surname, Spouse M	14. Social Security Number 888-88-88888
15. Date of birth (<i>mm/dd/yyyy</i>) 11/11/1234	16. Sex M X F
17. Relationship code 01	18. Address (<i>if different from enrollee</i>) 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.
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 Other *Name of other insurance* _____ *Policy Number* _____
 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.*

23. Email address (<i>if applicable, enter email address of your spouse or adult child</i>)	24. Preferred telephone number (<i>if applicable, enter preferred phone number of your spouse or adult child</i>)
25. Name of family member (<i>last, first, middle initial</i>) Surname, Child M	26. Social Security Number 777-77-7777
27. Date of birth (<i>mm/dd/yyyy</i>) 11/22/1254	28. Sex Mr) F
29. Relationship code 19	30. Address (<i>if different from enrollee</i>)
31. If this family member is covered by Medicare, check all that apply. A ns no	32. Medicare Beneficiary Identifier
33. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 34 below. rxl No	

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

35. Email address (<i>if applicable, enter email address of your spouse or adult child</i>)	36. Preferred telephone number (<i>if applicable, enter preferred phone number of your spouse or adult child</i>)
37. Name of family member (<i>last, first, middle initial</i>) Surname, Step M	38. Social Security Number 666-66-6666
39. Date of birth (<i>mm/dd/yyyy</i>) 11/11/1257	40. Sex rJ Mixl F
41. Relationship code 17	42. Address (<i>if different from enrollee</i>)
43. If this family member is covered by Medicare, check all that apply. A ns 70	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:

<input type="checkbox"/>	TRICARE	Other	Name of other insurance _____ Policy Number _____
<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>		
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) V/		Part C - FEHB Plan You Are Enrolling In or Changing To J	
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 (Emv101-ees 0, A)	
1. Event code IBk	2. Date of event 11/09/2020	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 checked="" 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 checked="" 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. This date must be during Open Season 11/11/2024-12/09/2024. Use the date you completed the form.

Part H - Signature

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a felony offense under 18 U.S.C. 1001, punishable by a fine of \$10,000 or imprisonment for more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (do not print) E::	Be sure to sign and date. Fax to 833-840-9217 and keep the fax confirmation sheet for your records.	2. Date (mm/dd/yyyy) 11/15/2024
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REMARKS

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

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

