

## Table of Permissible Changes in Enrollment for SF 2809

Enrollment May Be Cancelled or Changed From Family to Self Only at Any Time\*

<i>Events That Permit Enrollment or Change</i>		<i>Change Permitted</i>			<i>Time Limits</i>
<i>Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
<b>1 EMPLOYEE</b>					
1A	Initial opportunity to enroll.	Yes	N/A	N/A	Within 60 days after becoming eligible.
1B	Open Season.	Yes	Yes	Yes	As announced by OPM.
1C	Change in family status; for example: marriage, birth or death of family member, adoption, legal separation, or divorce.	Yes	Yes	Yes	From 31 days before through 60 days after event.
1D	Change in employment status; for example: <ul style="list-style-type: none"> <li>• Reemployment after a break in service of more than three days;</li> <li>• Return to pay status following loss of coverage due to expiration of 365 days of LWOP status or termination of coverage during LWOP;</li> <li>• Return to pay sufficient to make withholdings after termination of coverage during a period of insufficient pay;</li> <li>• Restoration to civilian position after serving in uniformed services;</li> <li>• Change from temporary appointment to appointment that entitles employee receipt of Government contribution;</li> <li>• Change to or from part-time career employment.</li> </ul>	Yes	Yes	Yes	Within 60 days of employment status change.
1E	Separation from Federal employment when the employee or employee's spouse is pregnant.	Yes	Yes	Yes	Enrollment or change must occur during final pay period of employment.
1F	Transfer from a post of duty within the United States to a post of duty outside the United States, or reverse.	Yes	Yes	Yes	From 31 days before leaving old post through 60 days after arriving at new post.
1G	Employee or eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> <li>• Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to self only of the covering enrollment;</li> <li>• Loss of coverage under another federally-sponsored health benefits program;</li> <li>• Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>• Loss of coverage under Medicaid or similar State-sponsored program;</li> <li>• Loss of coverage under a non-Federal health plan.</li> </ul>	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
1H	Employee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.

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

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1I	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area through 180 days after arriving in the new commuting area.
1J	Employee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside the area, moves or becomes employed further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
1K	On becoming eligible for Medicare  (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.
1L	Temporary employee completes one year of continuous service in accordance with 5 U.S.C. Section 8906a.	Yes	N/A	N/A	Within 60 days after becoming eligible.
1M	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Within 60 days after receiving notice from employing office.
<b>3</b>	<b>FORMER SPOUSE UNDER THE SPOUSE EQUITY PROVISIONS</b>				
3A	Initial opportunity to enroll, Former spouse must be eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 (P.L. 98-615), as amended, the Intelligence Authorization Act of 1986 (P.L. 99-569), or the Foreign Relations Authorization Act, Fiscal Years 1988 and 1989 (P.L. 100-204).	Yes	N/A	N/A	Generally, must apply within 60 days after dissolution of marriage. However, if a retiring employee elects to provide a former spouse annuity or insurable interest annuity for the former spouse, the former spouse must apply within 60 days after OPM's notice of eligibility for FEHB. May enroll any time after employing office establishes eligibility.
3B	Open season.	No	Yes*	Yes	As announced by OPM.
3C	Change in family status based on addition of family members who are also eligible family members of the employee or annuitant.	No	Yes	Yes	From 31 days before through 60 days after change in family status.
3D	Reenrollment of former spouse who cancelled FEHB enrollment to enroll in a Medicare sponsored Coordinated Care Plan (Medicare HMO), Medicaid, or similar State-sponsored program and who later was <b>involuntarily</b> disenrolled from the Medicare HMO, Medicaid, or similar State-sponsored program.	May Reenroll	N/A	N/A	From 31 days before through 60 days after disenrollment.

\* Former spouse may change to self and family only if family members are also eligible family members of the employee or annuitant.

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3E	Reenrollment of former spouse who cancelled FEHB enrollment to enroll in a Medicare-sponsored Coordinated Care Plan (Medicare HMO), Medicaid, or similar State-sponsored program and who later <b>voluntarily</b> disenrolls from the Medicare-sponsored Coordinated Care Plan (Medicare HMO), Medicaid, or similar State-sponsored program.	May Reenroll	N/A	N/A	During open season.
3F	Former spouse or eligible child loses FEHB coverage due to termination, cancellation, or change to self only of the covering enrollment.	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.
3G	Enrolled former spouse or eligible child loses coverage under another group insurance plan; for example: <ul style="list-style-type: none"> <li>Loss of coverage under another federally-sponsored health benefits program;</li> <li>Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>Loss of coverage under Medicaid or similar State-sponsored program (but see 3D and 3E);</li> <li>Loss of coverage under a non-Federal health plan.</li> </ul>	N/A	Yes	Yes	From 31 days before through 60 days after loss of coverage.
3H	Former spouse or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.
3I	Former spouse or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
3J	On becoming eligible for Medicare  (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning the 30th day before becoming eligible for Medicare.
3K	Former spouse's annuity is insufficient to make FEHB withholdings for plan in which enrolled.	No	No	Yes	Retirement System will advise former spouse of options.
<b>4</b>	<b>TEMPORARY CONTINUATION OF COVERAGE (TCC) FOR ELIGIBLE FORMER EMPLOYEES, FORMER SPOUSES, AND CHILDREN.</b>				
4A	Opportunity to enroll for continued coverage under TCC provisions: <ul style="list-style-type: none"> <li>Former employee</li> <li>Former spouse</li> <li>Child who ceases to qualify as a family member</li> </ul>	Yes Yes Yes	Yes N/A N/A	Yes N/A N/A	Within 60 days after the qualifying event, or receiving notice of eligibility, whichever is later.
4B	Open season: <ul style="list-style-type: none"> <li>Former employee</li> <li>Former spouse</li> <li>Child who ceases to qualify as a family member</li> </ul>	No No No	Yes Yes* Yes	Yes Yes Yes	As announced by OPM.

\* Former spouse may change to self and family only if family members are also eligible family members of the employee or annuitant.

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4C	Change in family status (except former spouse); for example, marriage, birth or death of family member, adoption, legal separation, or divorce.	No	Yes	Yes	From 31 days before through 60 days after event.
4D	Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.	No	Yes	Yes	From 31 days before through 60 days after event.
4E	Reenrollment of a former employee, former spouse, or child whose TCC enrollment was terminated because of other FEHB coverage and who loses the other FEHB coverage before the TCC period of eligibility (18 or 36 months) expires.	May Reenroll	N/A	N/A	From 31 days before through 60 days after the event. Enrollment is retroactive to the date of the loss of the other FEHB coverage.
4F	Enrollee or eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> <li>• Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to self only of the covering enrollment (but see event 4E);</li> <li>• Loss of coverage under another federally-sponsored health benefits program;</li> <li>• Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>• Loss of coverage under Medicaid or similar State-sponsored program;</li> <li>• Loss of coverage under a non-Federal health plan.</li> </ul>	No	Yes	Yes	From 31 days before through 60 days after loss of coverage.
4G	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	During open season, unless OPM sets a different time.
4H	Enrollee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment.
4I	On becoming eligible for Medicare.  (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning on the 30th day before becoming eligible for Medicare.