

Disclaimer: The Affordable Care Act entitles tribal employers the right to purchase the coverage, rights, and benefits of the Federal Employee Health Benefits (FEHB) for their tribal employees. The law extends FEHB coverage to tribal employees only. The Standard Form 2809 was written for Federal employees and not all parts of the SF 2809 apply to tribal employees, such as any reference to annuitants, retirees, or suspension of benefits.

Health Benefits Election Form Standard Form (SF) 2809 Guidance For Tribal Employees

This guidance explains how to complete the Health Benefits Election Form (SF 2809) as a tribal employee. The SF 2809 was written for all Federal employees and not all parts of the SF 2809 apply to tribal employees.

You must complete the SF 2809 in order to:

- enroll in the FEHB Program during your Initial Enrollment Opportunity
- enroll, change, or cancel your FEHB enrollment during the annual Open Season
- enroll, change, or cancel your FEHB enrollment if you experience a Qualifying Life Event (QLE)

If you are enrolling in FEHB for yourself, your enrollment type is Self Only. If you are enrolling in FEHB for yourself and your family, your enrollment type is Self and Family. You will not see a box to check for your FEHB enrollment type, but you will enter a 3-digit enrollment code in Part C of the SF 2809 to designate your FEHB enrollment type.

Note: If you have not received your FEHB plan insurance identification (ID) card once your FEHB plan coverage becomes effective, please use a copy of your completed SF 2809 or a copy of your electronic Tribal Insurance Processing System (TIPS) enrollment confirmation as proof of coverage.

Initial Enrollment Opportunity

The Initial Enrollment Opportunity is when the tribal employer begins to offer FEHB to its eligible tribal employees. Please follow this guidance and the Instructions for Completing SF 2809 beginning on page 1 of the Health Benefits Election Form.

Part A – Enrollee and Family Member Information:

If you are only enrolling in FEHB **for yourself**, complete items 1 through 10.

If you are enrolling in FEHB **for yourself and your family**, complete items 1 through 10. You must also complete the remainder of Part A for each eligible family member.

Relationship code: You must include the correct relationship code for each eligible family member. Please refer to the Family Relationship Code table under item 15 on page 2 of the SF 2809.

Part B – FEHB Plan You Are Currently Enrolled In:

Part B does not apply to the Initial Enrollment Opportunity for tribal employees. You can skip this Part.

Part C – FEHB Plan You Are Enrolling In or Changing To:

Enter the name of the plan you are enrolling in and the 3-digit plan enrollment code for that plan. You can find this code on the front cover of the plan brochure or in *Appendix E* of the *FEHB Guide for Tribal Employees* (<http://www.opm.gov/insure/health/planinfo/guides/index.asp>). Please be sure to note the different enrollment codes for Self Only and Self and Family to be sure you enter the correct one for your plan choice and type of enrollment. Plan brochures are located at www.opm.gov/FEHBbrochures.

You can also find the enrollment code by using OPM's Plan Search tool online at www.opm.gov/FEHBcompare. Once you're there, type in your zip code. When you click search, a chart will appear with all the available plans for your zip code (please note that any plan that is designated for "Specific Groups" are not available to tribal employees). The far right two columns of the chart show the enrollment codes for Self Only and Self and Family.

Part D – Event That Permits You To Enroll, Change, or Cancel:

Event Code: If your tribal employer offers premium conversion and you choose to participate in it, your event code for the Initial Enrollment Opportunity is 1A (see Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election on page 7 of the SF 2809). See your tribal employer for information on premium conversion.

If your tribal employer does not offer premium conversion or if you choose not to participate in premium conversion, your event code for the Initial Enrollment Opportunity is 5A (see Table on Employees Who Are Not Participating In Premium Conversion on page 13 of the SF 2809). See your tribal employer for information on premium conversion.

Date of event: For the Initial Enrollment Opportunity, do not fill in the date of event (leave it blank).

Part E – Election NOT to Enroll:

If you do not want to enroll in the FEHB Program, check the box in Part E. The information *in italics* does not apply to tribal employees.

Part F – Cancellation of FEHB:

Part F does not apply to tribal employees during the Initial Enrollment Opportunity.

Part G – Suspension of FEHB:

Part G does not apply to tribal employees at any time (leave it blank).

Part H – Signature:

Sign your full name. Enter the date you sign the form. Enter your email address and the telephone number where it is easiest to find you.

*****After completing your part of the form, submit it to your tribal employer.*****

Open Season

Open Season is the annual time period set by OPM in which all eligible tribal employees may elect, change, or cancel their FEHB coverage. It runs from the Monday of the second full work week in November through the Monday of the second full work week in December.

If you are NOT currently enrolled in FEHB, but are eligible to do so, you may enroll in FEHB during Open Season.

If you are currently enrolled in FEHB, you may change your plan, option, or enrollment type or cancel your FEHB enrollment during Open Season.

Please follow this guidance and the Instructions for Completing SF 2809 beginning on page 1 of the Health Benefits Election Form.

Part A – Enrollee and Family Member Information:

If you are enrolling in FEHB, changing your plan or option, switching from a Self and Family plan type to a Self Only plan type, or cancelling coverage **for yourself**, complete items 1 through 10.

If you are enrolling in FEHB, changing your plan or option, switching from a Self Only plan type to a Self and Family plan type, or cancelling coverage **for yourself and your family**, complete items 1 through 10. You must also complete the remainder of Part A for each eligible family member.

Relationship code: You must include the correct relationship code for each eligible family member. Please reference the Family Relationship Code table under item 15 on page 2 of the SF 2809.

Part B – FEHB Plan You Are Currently Enrolled In:

If you currently do not have FEHB but are enrolling in FEHB with this submission, do **not** complete Part B because it does not apply.

However, if you are changing plans or plan type, or canceling your FEHB plan, you must complete Part B. Enter the name of the plan you are currently enrolled in and the 3-digit plan enrollment code. You can also find this code on the front cover of your plan's brochure (www.opm.gov/FEHBbrochures) or in *Appendix E* of the *FEHB Guide for Tribal Employees* (www.opm.gov/insure/health/planinfo/guides/index.asp). It may also be listed on your FEHB Plan's Identification Card.

Part C – FEHB Plan You Are Enrolling In or Changing To:

If you are enrolling in FEHB or your changing plan or plan types, complete Part C.

Enter the name of the plan you are enrolling in and its 3-digit plan code for that plan. Found on the front cover of the plan brochure or in *Appendix E* of the *FEHB Guide for Tribal Employees* (<http://www.opm.gov/insure/health/planinfo/guides/index.asp>). Plan brochures are located at www.opm.gov/FEHBbrochures.

You can also find the enrollment code by using OPM's Plan Search tool online at www.opm.gov/FEHBcompare. Once you're there, type in your zip code. When you click search, a chart will appear with all the available plans for your zip code (please note that any plan that is designated as for "Specific Groups" are not available to tribal employees). The far right two columns of the chart show the enrollment codes for Self Only and Self and Family.

If you are cancelling your FEHB coverage, do not complete Part C.

Part D – Event That Permits You To Enroll, Change, or Cancel:

Event Code: If your tribal employer offers premium conversion and you choose to participate in it, your event code for Open Season is 1B (see Table 1 of the SF 2809). See tribal employer for information on premium conversion.

If your tribal employer does not offer premium conversion or if you choose not to participate in it, your event code for Open Season is 5B (see Table 5 of the SF 2809). See your tribal employer for information on premium conversion.

Date of event: For Open Season, the date of the event is the first day of the Open Season.

Part E – Election NOT to Enroll:

Part E does not apply to tribal employees during Open Season.

Part F – Cancellation of FEHB:

If you are enrolling in FEHB or changing plans, plan options, or plan types in FEHB, do NOT complete Part F.

If you are cancelling your enrollment during Open Season, complete Part F. If you choose not to participate in premium conversion or your tribal employer does not offer premium conversion, you can cancel at any time by completing Part F (even outside of Open Season).

The *italics portion* of Part F does not apply to tribal employees.

Part G – Suspension of FEHB:

Part G does not apply to tribal employees at any time so leave it blank.

Part H – Signature:

Sign your full name. Enter the date you sign the form. Enter your email address and the telephone number where it is easiest to find you.

*****After completing your part of the form, submit it to your tribal employer.*****

Instructions for Qualifying Life Event (QLE)

Qualifying Life Events (QLEs) allow eligible tribal employees to enroll, change, or cancel their FEHB enrollment within a certain timeframe of the event. Examples of QLEs include becoming a new or newly eligible employee, marriage, divorce, and birth of a child.

Premium Conversion

- If you participate in premium conversion, use Table 1 of the SF 2809 to identify the QLE.
- If you do NOT participate in premium conversion, use Table 5 of the SF 2809.
- See tribal employer for more information on premium conversion.

Enrollment Status

- If you are currently enrolled in FEHB, you may change your plan, option, or enrollment type or cancel your enrollment, if you experience a Qualifying Life Event that permits change or cancellation.
- If you are NOT currently enrolled in FEHB, but are eligible to do so, you may enroll if you experience a Qualifying Life Event that permits FEHB enrollment.

Please follow this guidance and the Instructions for Completing SF 2809 beginning on page 1 of the Health Benefits Election Form.

Part A – Enrollee and Family Member Information:

If you are enrolling in FEHB, changing your FEHB plan, switching from a Self and Family plan type to a Self Only plan type, or cancelling your FEHB **for yourself**, complete items 1 through 10.

If you are enrolling in FEHB, changing your FEHB plan, switching from a Self Only plan type to a Self and Family plan type, or cancelling your FEHB **for yourself and your family**, complete items 1 through 10. You must also complete the remainder of part A for each eligible family member.

Relationship code: You must include the correct relationship code for each eligible family member. Please reference the Family Relationship Code table under item 15 on page 2 of the SF 2809.

Part B – FEHB Plan You Are Currently Enrolled In:

If you currently do not have FEHB but are enrolling in FEHB with this submission, do **not** complete Part B because it does not apply.

However, if you are changing plans or plan types, or canceling your FEHB plan, you **must** complete Part B. Enter the name of the plan you are currently enrolled in and the 3-digit plan enrollment code for that plan. You can find this code on the front cover of the plan brochure or in *Appendix E of the FEHB Guide for Tribal Employees* (www.opm.gov/insure/health/planinfo/guides/index.asp). Plan brochures are located at www.opm.gov/FEHBbrochures. The plan code may also be listed on your FEHB Plan Identification Card.

Part C – FEHB Plan You Are Enrolling In or Changing To:

If you are enrolling in FEHB or changing plan or plan types, complete Part C.

Enter the name of the plan you are currently enrolled in and the 3-digit plan code. Found on the front cover of your plan's brochure (www.opm.gov/FEHBbrochures) or in *Appendix E* of the *FEHB Guide for Tribal Employees* (<http://www.opm.gov/insure/health/planinfo/guides/index.asp>).

You can also find the enrollment code by using OPM's Plan Search tool online at www.opm.gov/FEHBcompare. Once you're there, type in your zip code. When you click search, a chart will appear with all the available plans for your zip code (please note that any plan that is designated as for "Specific Groups" are not available to tribal employees). The far right two columns of the chart show the enrollment codes for Self Only and Self and Family.

If you are cancelling your FEHB coverage, do not complete Part C.

Part D – Event That Permits You To Enroll, Change, or Cancel:

Event Code:

See the applicable table on SF 2809 for actions that are considered QLEs.

If you are participating in premium conversion, use the QLEs on the Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election (Table 1) of the SF 2809.

If you are NOT participating in premium conversion, use Table 5 of the SF 2809 for Employees Who are Not Participating in Premium Conversion.

Date of event: Enter the date you experience the qualifying life event (e.g., date of marriage or birth of child).

Part E – Election NOT to Enroll:

Part E does not apply to tribal employees for QLEs.

Part F – Cancellation of FEHB:

If you are enrolling in FEHB or changing plan or plan types in FEHB, do NOT complete Part F.

If you are cancelling your enrollment due to a QLE, complete Part F.

The *italics portion* of Part F does not apply to tribal employees.

Part G – Suspension of FEHB:

Part G does not apply to tribal employees at any time.

Part H – Signature:

Sign your full name. Enter the date you are signing the form. Enter your email address and your preferred telephone number.

*****After completing your part of the form, submit it to your tribal employer.*****