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DIRECT PREMIUM REMITTANCE SYSTEM (DPRS)

Title III
BILLINGS AND COLLECTIONS MANUAL

Chapter 5
DIRECT PREMIUM REMITTANCE SYSTEM

Title III Chapter 5

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(reserved)

1. Introduction

This procedure provides instructions for Federal agencies to enroll eligible non-Federally employed individuals in the Direct Premium Remittance System (DPRS). DPRS is a centralized system for collecting premiums from eligible non-Federal enrollees who elect to participate in the Federal Employees Health Benefits (FEHB) Program under Public Law (P.L.) 98-615, the Civil Service Retirement Spouse Equity Act of 1984, and Title II of P.L. 100-654 (5 USC 8905a), the Federal Employees Health Benefits Amendments Act of 1988. A summary of the responsibilities of the agencies, NFC, and the DPRS enrollees is provided in Figure 1.

Public Law 98-615 provides for certain former spouses of current, retired, or separated Federal employees to enroll in the FEHB Program. Title II of Public Law 100-654 provides for temporary continuation of coverage under the Federal Em-

ployees Health Benefits (FEHB) Program to be available to (1) certain individuals who separate from Federal service, (2) children (of either Federal employees or annuitants) who lose their status as family members, and (3) certain former spouses of Federal employees or annuitants who would not otherwise be eligible for continued FEHB coverage.

Each of these laws establishes a requirement that agencies provide FEHB coverage for qualified enrollees. The OPM has contracted with the U.S. Department of Agriculture's National Finance Center (NFC) to act as the central processing office for P.L. 98-615 and P.L. 100-654 accounts. Those agencies that elect to use NFC's services will have their accounts processed through DPRS.

Annuitants will continue to be serviced by the Office of Personnel Management (OPM) or the appropriate retirement system.

	Summary of DPRS Responsibilities				
To Transfer Existin	g Accounts				
Aganaiaa	Prepare and process SF-2810.				
Agencies	Forward copy of SF-2810, OPF copy of initial SF-2809 & DPRS Form 20 to NFC				
	Establish each transferred enrollee into DPRS				
NFC	Generate SF-2810 copy to FEHB carrier				
NFC	Forward enrollee coupon book for making payments through lock box.				
	Monitor enrollee accounts				
	Provide reporting to OPM and carrier				
To Establish a New	r Enrollment				
Agencies	Advise eligible individuals of coverage available under PL. 98-615 & PL 100-654				
Eligible Enrollees	Prepare SF-2809 & forward to agency				
Agencies	Complete SF–2809 & forward to NFC				
	Establish enrollee into DPRS				
	Generate SF-2809 copy to FEHB carrier				
NFC	Forward enrollee coupon book for making payments through lock box				
	Monitor enrollee accounts				
	Provide reporting to OPM and carrier				
Change/Cancel/Te	rminate an Enrollment				
Enrollee	Prepare SF-2809 and forward to NFC				
NFC	Process or generate SF2809/SF-2810 to accomplish change, cancellation, or termination				

Figure 1. Summary of DPRS responsibilities

2. Responsibilities

Agency submitting offices will:

- Inform separating employees of their eligibility and that of children and former spouses under the expanded FEHB coverage.
- Inform separating employees of the eligibility time restraints imposed under the expanded FEHB coverage. (See FPM Bulletins 890-179 and 890-186 for information on eligibility.)
- Determine the eligibility of separated employees, children, and former spouses of current employees for the expanded FEHB coverage. (See FPM 890-179 and 890-186 for information on eligibility.)
- Determine the eligibility of separated employees, children, and former spouses to enroll under the requested plan. (Some have signed for HMOs for which they are not eligible.)
- Receive the initial SF-2809, Health Benefits Registration Form, from the enrollee and ensure that the information is accurate and complete, and signed by both the enrollee and an agency official.
- Complete the agency portion of the SF-2809, by identifying the public law covering the enrollee (either P.L. 98-615 - Spouse Equity Act, or P.L. 100-654 - Temporary Continuation (5 USC 8905a)), their submitting office number, date of qualifying event, and additional information regarding the original employee.
- Return the enrollee's copy of the SF-2809 and/or SF-2810, Notice of Change in Health Benefit Enrollment, to the enrollee, keep the new carrier copy for its records, and send the rest of the form to NFC for processing.
- Prepare the SF-2810 and attach the initial SF-2809 with the additional enrollment information required (See Sec. 5) for the transfer in of Spouse Equity Act enrollees to NFC.
- Forward SF-2809 and SF-2810 to NFC.

- Respond to inquiries from NFC personnel relating to the initial SF-2809 and data submitted for new enrollees.
- If SF-2809 version is printed prior to June 1988, include enrollee and agency telephone numbers, and effective date of "Other Insurance."
- Review the monthly Report DPRS1501 to ensure that all SF-2809's submitted by their office have been processed correctly.
- Forward semi-monthly report DPRS 1601 to retirement section of agency payroll office.
- Submit any corrections to the initial SF-2809 or SF-2810 as a result of an administrative error.
- Explain to the enrollee that they must pay the total cost of the coverage (their share and the amount the government normally contributes for an employee).
- Advise the enrollee to plan for any normal medical needs (especially with HMOs). There could be a delay of 30-45 days before an enrollee is established on the carrier's system. The NFC sends information to the carriers on the first and fifteenth. It takes the carriers at least two weeks after receipt to establish them on their system. Also, NFC will bill the enrollee on the first of the month following the latter of the effective date of coverage or the date established in our system.

NFC will:

- Receive and process the initial SF-2809 and all SF-2810 forms (transfer-out) from submitting offices.
- Determine the eligibility of former spouses (except those applying under the Spouse Equity Act) and children of separated employees (on our System) applying for enrollment under the expanded FEHB coverage based upon guidelines as provided in the FPM 890-1.
- Establish and maintain enrollee accounts.

- · Respond to billing and collection inquiries.
- Determine eligibility for subsequent changes in enrollment for all categories of enrollees.
- Handle open season processing.
- Coordinate the transfer of Temporary Continuation and Spouse Equity enrollees.
- Determine the eligibility for reinstatement of an enrollee.
- Provide enrollees with correspondence relating to their enrollment in the Direct Premium Remittance System after their initial enrollment.

3. Forms

The following forms are used in DPRS:

- SF-2809, Health Benefits Registration
- SF-2810, Notice of Change in Health Benefits Enrollment.
- Form DPRS20, Attachment to SF-2809 for Transfer In.

4. Enrollment

Individuals who are eligible for extended FEHB coverage under P.L. 98-615 or P.L. 100-654 will apply for initial enrollment by providing their agency submitting offices with a completed SF-2809, Health Benefits Registration Form. (See Exhibits for examples of completed SF-2809s. For instructions on filling out the SF-2809, see the Appendix 1.

Prior to forwarding the initial SF-2809 document to NFC for processing, the agency must type the following information on the form:

- The effective date of the enrollment.
- The submitting office number (SON) in Part G, Block 1. (This is very important, as the document will fail processing if the SON is missing or incorrect, and enrollment of the applicant may be delayed.)

 The following information must be included in the Remarks block in exactly the order shown as appropriate for the class of the enrollee:

Separated employee:

- Relationship (self)
- The public law under which the applicant is eligible, using the law's whole number; i.e., P.L. 100-654 (5 USC 8905a).
- Date of separation
- · Last day of pay period

Former spouse and child of a current employee:

- Relationship (ex-spouse, child)
- The Public Law under which the applicant is eligible for benefits, using the law's whole number; i.e., P.L. 98-615 or P.L. 100-654 (5 USC 8905a).
- Name of the employee
- Social security number of the employee
- Date of birth of the employee
- Date of the qualifying event; i.e, divorce, annulment, (date of 22nd birthday), etc. (P.L. 100-654 enrollees only.)

Former spouse and child of a separated employee:

Persons in this category should contact NFC directly for enrollment information.

Former spouse and child of Civil Service Retirement System (CSRS), Federal Employees Retirement System (FERS), or other retirement systems' annuitants:

The Office of Personnel Management (OPM) will continue to process any accounts for their annuitants' children or former spouses. Forms

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for these individuals should be sent to OPM, not to NFC.

The original employee/former employee information will be needed to establish a DPRS enrollee master, to determine the enrollment expiration date in the case of P.L. 100-654 enrollees, and to provide this information to the carrier.

After all information is complete, the submitting office should return the enrollee's copy to the enrollee, keep the new carrier copy for its records, and send the rest of the package to NFC for processing at the following address:

National Finance Center DPRS Billing Unit P.O. Box 61760 New Orleans, LA 70161-1760

Upon receipt of the initial SF-2809 for enrollment into a plan, NFC will process and generate a copy of the SF-2809 to the carrier and establish an enrollee master on the DPRS data base.

5. Transfers

Agencies that are maintaining existing P.L. 98-615 and P.L. 100-654 (5 USC 8905a) accounts within their own systems may transfer those accounts to NFC. (Do not transfer an employee when they separate from your employment. These employees should be terminated, and then submitted to NFC as a new enrollment.)

When transferring an existing account, conversion of billing from the original agency to NFC must be coordinated. Agencies should call the DPRS Billing Unit at NFC at (FTS) 680-5990 or (Commercial) 504-255-5990 for more information.

The agencies will prepare, process, and distribute a SF-2810 documenting the transfer out of the agencies' DPRS processing to NFC. In addition to the SF-2810, the agencies will provide NFC with the OPF copy of the initial SF-2809 and a DPRS Form 20 for each enrollee. (See Exhibits 5-8 for examples. A blank form DPRS-20 is included for local reproduction. See Exhibits for examples of completed SF-2810s. For instructions on filling out the SF-2810, see Appendix 2.) P.L. 98-615

enrollee Health Benefits files should be sent to NFC under separate cover.

Based on receipt of these forms from the agencies, NFC will prepare SF-2810's to transfer in these enrollees and will establish an account for each enrollee involved in the transfer. No active accounts with an overdue premium should be transferred in to NFC until the overdue amount has been collected.

Up to 25 enrollees may be transferred at one time on a single SF-2810. (For groups larger than 25, prepare a SF-2810 for each 25 enrollees.) A separate SF-2810 is required for each enrollment option category (Self or Self and Family.) For each enrollment code, the submitting office will prepare a SF-2810 for the transfer group and will attach an initial SF-2809 and a DPRS Form 20 for each individual to be transferred. These documents are the basis for preparing SF-2810's for the individual transfers and establishing DPRS enrollee masters. Agencies should verify the address and phone number on the SF-2809 for accuracy. Any updates should be noted on the form DPRS20.

Send the completed forms and/or files to:

National Finance Center DPRS Billing Unit P.O. Box 61760 New Orleans, LA 70161-1760

6. Corrections

The following information is provided for agencies to make corrections only if the initial SF-2809 or SF-2810 is incorrectly prepared. Agencies will not be responsible for any other corrections.

Correction processing is necessary where the erroneous information given on the SF-2809 or the SF-2810 affects a person's entitlement, e.g., errors in enrollee's name, social security number, or family members, enrollment code, effective date, or similar errors. Depending on the type of error and who became aware of it, NFC either receives a completed SF-2809 or SF-2810 from the agency for processing, or NFC prepares and

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processes an SF-2809 or SF-2810 to correct the error. The SF-2809 or SF-2810 must be clearly labeled "correction," must include the enrollee's name, social security number, and other identifying information (see Exhibits 9-11 for examples), and should show the items to be corrected. The forms are processed and copies distributed as described in the appropriate sections above. Also, NFC will send each affected carrier the appropriate copy of the corrected SF-2809.

Voiding a document is appropriate when an incorrect enrollment action must be withdrawn. If the SF-2809 or the SF-2810 of the enrollment to be voided is in the possession of NFC but is not processed, all copies of the forms are returned to the agency.

If the incorrect action was processed, the personnel office should send a corrected SF-2809 or SF-2810 to NFC indicating the erroneous information in the Remarks block. (See Exhibits 9-11.) The enrollee copy should be sent to the enrollee. NFC will perform the necessary actions to "void" the SF-2809 or SF-2810 action that was erroneously processed. NFC will generate the respective carrier copy (under cover of the SF-2811, Transmittal and Summary Report to Carrier transmittal).

7. Reports

NFC will maintain records in such a manner as to facilitate the prompt and accurate updating of accounts and summarization for financial reporting to OPM. NFC will maintain adequate controls to ensure the accuracy of the remittances by each enrollment code.

NFC will assume the responsibility for providing OPM with the following reports:

- SF-2812 Report of Withholdings and Contributions for Retirement, Health Benefits, and Group Life Insurance.
- SF-2812A Report of Withholdings and Contributions for Health Benefits by Enrollment Code.
- OPM 1523 Semiannual Headcount Reporting.

NFC will assume responsibility for providing the FEHB carriers with the SF-2811. At the request of an FEHB carrier, NFC will provide a magnetic tape and/or list of plan enrollees. Carriers will use the list in their reconciliation of enrollees. In the case of a discrepancy, NFC will be notified by the carrier and asked to provide the necessary documentation (normally, copies of the SF-2809 or SF-2810) to resolve the problem.

For verification purposes, NFC will provide each submitting office with a report (DPRS 1501) giving information on all initial SF-2809/SF-2810 activity processed in the previous monthly cycle. (See Exhibit 12 for an example of DPRS 1501.)

NFC will provide each submitting office with a report (DPRS1601) indicating any changes, terminations, or cancellations in enrollment for Spouse Equity Accounts. This report should be forwarded to the retirement section of the payroll office to note on the employee's retirement master record (SF-2806/SF-3100) or supplemental record (SF-2806-1/SF-3101) any spouse equity enrollments, cancellations, terminations, or reinstatements. (See Subchapter 17 of FPM Supplement 890-1 for more information. See Exhibit 13 for an example of DPRS1601.)

8. Inquiries

All questions from enrollees and/or their agencies regarding their accounts should be referred to and will be handled by NFC, except those relating to the eligibility of separated employees and former spouses/children of current employees. Eligibility questions in these areas will be handled by the submitting office.

NFC may refer a question/problem to the "Health Officer" of the employing agency for final ruling or clarification through appropriate channel to the Office of Personnel Management.

NFC has established a toll free telephone inquiry line for DPRS enrollees. The number is 1-800-242-9630. The line is available from 7:45 a.m. to 4:00 p.m., Central Time, Monday through Friday (except Federal holidays).

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Submitting Offices without FTS may use the toll-free telephone number, or call (Commercial) 504-255-5990. Submitting Offices with FTS service should call (FTS) 680-5990 or (Commercial) 504-255-5990. Please use FTS if it is available to you.

The inquiry line is available from 7:45 a.m. to 4:00 p.m., Central Time, Monday through Friday (except Federal holidays).

Title III Chapter 5 Exhibits

Exhibits

Title III Chapter 5 Exhibits

Billings and Collections Manual Direct Premium Remittance System

(reserved)

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Exhibits

Forms for New Enrollees

Title III Chapter 5 Exhibit 1

Billings and Collections Manual Direct Premium Remittance System SF-2809 for Enrollment of a Separated Employee

	U.S. GPC 1988-2	218-020	1
Not for u	se by CSRS/FERS Annu	ultants - (See back of Copy 5	
HE,		GISTRATION FORM	Form Approved: OMB No. 3206-016
Read the back of Copy 5 before completing this form.	Complete Part A and Parts B.	C D and E as applicable	
Use typewriter or print with ball-point pen, bearing down	Sign and date in Part F. Do not separate the copies. Y	т.	Ime Limit For Enrollment - 31 days or time
to make legible copies.	certify the completed form an	d return your copy to you.	imit shown on back of Copy 1.
ART A - Asi who say stor to us fit in this part Ty Name (Last, first, middle initial)		2. Date of birth /Use numbers for mo, day	y, yr) 3. Are you now married?
Adams John Q. Your mailing address (Number and street)		9-27-50	Ves No
224 Canal Steeet		5. Social Security Number 437-11-2345	6. Sex
. City. State and ZIP Code Middleton, LA 71245		8. Home Phone Number (include area co 504-722-6420	ode) 9. Office Phone No. (include area cod
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NTEU			Y Y 2
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Susan Ann	8-06-51	coverage other than the FEHB plan in wi	high you are now enrolling or enrolled?
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		(CHAMPUS, Medicare, non-Foderal plan, stc.)	a Effective days of an
			c. Effective date of coverage
		d. Policyholder's Social Security Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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RT F All who register must fill in this paid.			
ARNING: Any intentional false statement in this application of that misrepresentation relative thereto is a violation of the lay	γ.		2. Date
nishable by a fine of not more than \$10,000 or imprisonment not more than 5 years, or both. (18 U.S.C. 1001.)	Must Be Sig	med	8-26-90
RTG - To be completed by agency. Name and address (Including ZIP Code) of employing offi	ce	2. Date received in employing office	3. Effective date of election
	•	8-28-90	See Appendix 1
Your Adency (SON)			Item C-3
Your Address Your City/State/Zip		Effective date of termination of enrollment shown in Part C	5. SF 2811 report number
Signature of authorized agency official	7. Phone number (include area	8. Payroll Office number	9. Agency location code (it different from
	code) FTS or Comm.	o. r ayron Onice Hornoer	item 8)
Must Be Signed	xxx-xxx-xxxx		
Self; P.L. 100-654 (5 US		ration Date - 8-02	-90
,	.c. Jooba), Depar	auton pace - 6702	
Last day of pay period:	8-11-90		

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SF-2809 for Initial Enrollment of the Child of a Current Employee Exhibit 2

T T Not fo	r use by CSRS/FERS Annu	ultants - (See back of Copy 5	<u>)</u>	GL.	3
<u> </u>	IEALTH BENEFITS RE FEDERAL EMPLOYEES HEAL				pproved: lo. 3206-016
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Billings and Collections Manual Direct Premium Remittance System

Exhibit 3 SF-2809 for Initial Enrollment of Former Spouse, P.L. 100-654

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Billings and Collections Manual Direct Premium Remittance System SF-2809 for Former Spouse Under P.L. 98-615

Title III Chapter 5 Exhibit 4

	ALTH BENEFITS RE FEDERAL EMPLOYEES HEAL	GISTRATION FORM TH BENEFITS PROGRAM			Approved: No. 3206-01
Read the back of Copy 5 before completing this form. Use typewriter or print with ball-point pen, bearing down to make legible copies.	Complete Part A and Parts B, Sign and date in Part F, Do not separate the copies. Y certify the completed form an	our employing office will lin	ime Limit For En mit shown on bac		days or time
Aft1 A - Anwho say olio ran , fir in this puri. Name (Last, first, middle initial)		2. Date of birth (Use numbers for mo, day	, yr) 3. Are you	now married?	
Jackson Peggy S. Your mailing address (Number and street)		7-17-52	Ves	N	lo .
425 Milton Drive		5. Social Security Number 433-76-5432	6. Sex		
Chy. State and ZIP Code Prairieville, TX 75112		8. Home Phone Number (Include area co 801-750-1234	remal (de) 9. Office P	e No. (incl	hale ude area co
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I elect to enroll in a health benefits plan as shown below. member of the plan's sponsoring organization.) I authoriz ed below from front cover of brochure of the plan you sek ame of Plan.	P DEDUCTIONS from my salary or com	the plan's enrollment area; if it is an employ- pensation to cover my share of the cost of the	ee organization p he enrollment. (C	lan, I am (or w Copy the inforπ	ill become) : nation reque
G E H A Benefit Plan			3	Enrollment C	ode 2
2a. Names of Family Members	2b. Date of birth (mo, day, yr)	3. Do you, your spouse or any other eligible to	amily members he	ve any group he	alth insuranc
minatha 7		coverage other than the FEHB plen in wh		enrolling or enro	Med?
Timothy James	5-13-79	a. Name of insurance company	b. Name of poli	cyholder	
Sue Ann	4-28-82	(CHAMPUS, Medicare, non-Føderal plan, etc.)	c. Effective date	of coverage	
	+	d. Policyholder's Social Security Number			
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Title III Chapter 5 Exhibits

Billings and Collections Manual Direct Premium Remittance System

(reserved)

Title III Chapter 5 Exhibits

Forms for Transfer Enrollees

15

Title III Chapter 5 Exhibit 5

Billings and Collections Manual Direct Premium Remittance System SF-2810 for Transfer Out from Agency to NFC

				· · · · · · · · · · · · · · · · · · ·	
Fed	eral Employees	Health Benefits P	rooram		
			s Enrollment		
	Part AId	entifying Data			· · · · · · · · · · · · · · · · · · ·
1. Name (Last, lirst, middle initial) Plunkett Terry M.		2. Dale		3. Social Securit	
4. Address (Including ZIP Code)			10-53 If Office Number	512-34 6 Enrollment Co	1-5678 de Number
319 Macon County Road		20	-09-5790	31	1
Mount Elmo, MI			III Report No.	}	on Secomes Effec
			·	See Appe Part	endix 2 A-8
Only the Item that is checked below affects your enry your enrollment is terminated and you apply for com-	oliment. Read that version.	item carefully and	follow any pertinent	instructions. Keep	this form unles
		Termination			
Your enrollment terminates on the date in Pert A, IMPORTANT NOTICE: YOU HAVE THE RIGHT See Pert B—Termination on the back of this form in the box on the back of this form and send it to	TO CONVERT TO	oud tour extension.	of converses and on	THE CARRIER OF	YOUR PLAN. I to convert, fill
Part C—Transfer Out			Part DT	ransfer in	
X This enrollment continues but is transferred to the (or Retirement System) shown below. See Part C of form for more information.	new Payroll Office on the back of this	The new Pay	roll Office (or Retire transfer of this enr	ment System) shows oxment and will cor	n in Part I below
USDA - National Finance C	Center		Part ERe	Instatement	
Direct Premium Remittance	System	Your enrollme	ent has been reinsti i.	ated effective on the	date in Part A
Part F-Change in Name of Enr	ollee	Part G-C	hange in Enroll	ment-Survivor	Annuitant
The name in which this enrollment is carried has to Name De	been changed to: se of Birth	Your plan will	ent has been change send you a new ider is shown below.	d from family covers	ge to Self Only. new enrollment
Address (Including ZIP Code) il different from Part A, Item 4, abov	e.		item is completed b	y Retirement System	ms only.)
		New Enrollm	ent Code Numi	ber ——	
	Part H-	-Remarks	 		
	Part i-Da	te of Notice	_		
(NOTE: Instructions for Name of Agency and Address (Including ZIP Code)	or Employing Offic	es are on the back	or Copy 4 of this fo	rm.)	
Your Agency (SON)					
Your Address					
Your City/State/Zip					
Signature of Authorized Agency Official				Date	
organizate or Multiplicate Agency Critical				1	
Must Be Signed		Phone		1 10	4-90

Title III Chapter 5 Exhibit 6

Federal Employees Health Benefits Program **ACCOUNT INFORMATION** DIRECT PREMIUM REMITTANCE SYSTEM TO SUPPORT TRANSFER IN (Attachment to the original SF 2809) A. GENERAL ENROLLEE INFORMATION. This section must be completed or this enrollee's application will be returned unprocessed.

1. NAME (Last. First, Middle Initial)

2. SOCIAL SECURITY NUMBER Plunkett, Terry Μ. 512-34-5678 . CURRENT MAILING ADDRESS (Number and Street) DAYTIME PHONE NUMBER (Number where the entollee can be reacted questions concerning FEHB enrollment) 121 Lisa Street (City. State, and Zip Code) Mount Elmo, MI 313-326-1234 B. CURRENT HEALTH BENEFITS INFORMATION. Complete this section if applicable. List current enrollment code and date if different from the attached SF 2809. Enrollment Code is the current code the enrollee is enrolled in for health benefits. Enrollment Code Date is the date the enrollee first enrolled under this enrollment code. 6. ENROLLMENT CODE DATE (Month. Oby. Year) (Current enrollment code) (Enrollment Date of current code) C. INSURANCE INFORMATION. Complete this section if applicable. List all family members and dates of birth not included on the attached SF 2809. Also, list family members and their dates of birth if the information on the attached SF 2809 is not current. Complete the remainder of the information in this section if the information is not current or not included on the attached SF 2809. 8. DATE OF BIRTH 7. NAME OF FAMILY MEMBERS YEAR MONTH DAY Does this enrollee have insurance other than FEHB? No Yes. If yes, complete items 10 through 16. 10. NAME OF INSURANCE COMPANY 11. POLICYHOLDER'S SOCIAL SECURITY NUMBER 12. GROUP OR EMPLOYER NAME 13. NAME OF POLICYHOLDER 14 TYPE OF COVERAGE Self and Family 16 EFFECTIVE DATE OF COVERAGE 17. REMARKS

FORM DPRS-20 (1/90)

Title III Chapter 5 Exhibit 7

Billings and Collections Manual Direct Premium Remittance System Original SF-2809 for Enrollment

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Not for u	ise by CSRS/FERS Annu	ultants - (See back of Copy s	
#E	ALTH BENEFITS RE	GISTRATION FORM TH BENEFITS PROGRAM	Form Approved: OMB No. 3206-016
Read the back of Copy 5 before completing this form.	Complete Parl A and Parls B, Sign and date in Part F.	, — .т	Time Limit For Enrollment - 31 days or time
Use typewriter or print with ball-point pen, bearing down to make legible copies. SBLA - At Allower, No nessering of the gart.	 Do not separate the copies. Y certify the completed form an 	our employing office will	imit shown on back of Copy 1.
Name (Last, first, middle initial)	<u> </u>	2. Date of birth (Use numbers for mo, de	y, yr) 3. Are you now married?
Plunkett, Terry M. Your mailing address (Number and street)		8-10-53 5. Social Security Number	Yes Mo
391 Macon County Road City, State and ZIP Code		512-34-5678	Female Male
Mount Elmo MI		8. Home Phone Number (include area of 313-226-0023	,
ART Lordor fol, partifyzo walitu girro a change yea femali aust o briseltone egray, chuwis sees may 1,4 the high it separate seest and attach ; ti	 P. Sold J., "I very mental administrative. 	ida parktravaga Spri Aziaten biken hitere i alua-	s trentin for Ged Gray i ata werdenin i hand. dida tesaka kinan dini ganca diga dagan biliyoy
I elect to enroll in a health benefits plan as shown below, member of the plan's sponsoring organization.) I authorised below from front cover of brochure of the plan you sai	(If the plan is a CMP/HMO, I live in the deductions from my salary or com-	he clan's enrollment area; if it is on employ	ree organization plan, I am (or will become) a the enrollment. (Copy the information reques
ame of Plan			Enrollment Code
GEHA BENEFIT PLAN Za. Names of Farrilly Members	2b. Date of birth (mo, day, yr)	3. Do you your enough or you other alinets.	3 1 1 family members have any group health insurance
	20. Date Or Direct (rine, day, yr)	coverage other than the FEHB plan in wh	high you are now enrolling or enrolled?
		: Yes — Complete 3a-3g below a. Name of insurance company	b. Name of policyholder
		(CHAMPUS, Medicare, non-Federal plan, etc.)	c. Effective date of coverage
		d. Policyholder's Social Security Number	e. Type of coverage Self Only Self and Family
		I. Group or employer name	g. Certificate or policy number
ARLLO - Ell in this pain, as well as PART Bilto change yo	di registration. Allower delips, tr.P. 3	aint 4 to show Plan and Edirel them, Code	being changed and elaps my to: cruir ge-
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REPORT OF ANYOHAN IS Jescept CSRS/FERS and promise.	MED FORMER SPOUSES ONLY	Formill a parting on wish to GANCEL yo	our enrollment. Place an "X is the box below
There I elect to cancel my enrollment in the Federal Em shown at the right. My signature in Part F certifie	ployees Health Benefits Program. It	am currently enrolled under the code	Present Enrollment Code
later reanroll except under very limited circumste	inces.		
ARTE All who register must fill in this prof. ARNING: Any intentional false statement in this application of	1. Your signature (Do not print)		2. Date
Itul misrepresentation relative thereto is a violation of the temistrable by a fine of not more than \$10,000 or imprisonment not more than 5 years, or both. (18 U.S.C. 1001.)	v " Must Be Signe	ed	11-2-88
HT is . To be completed by agency Name and address (including ZIP Code) of employing of		2. Date received in employing office	3. Effective date of election
Your Agency (SON)		11-4-88	01-01-89
Your Address Your City/State/Zip		4. Effective date of termination of	5. SF 2811 report number
1011 010J/ Deate/21p		enrollment shown in Part C	
Signature of authorized agency official	7. Phone number (include area code)	8. Payroll Office number	9. Agency location code (if different from item 8)
Must Be Signed	FTS or Comm.	20-09-5790	HALL OF
EMACKS Forus-loss by mency.		I	
Ex-spouse: P.L. 98-615:	original employ	ree: Joseph X. Plu	nkett, 437-37-4377
D.O.B.: 3-10-50			

Title III Chapter 5

SF-2810 for Group Transfer of Enrollees to One Enrollment Code Exhibit 8

•		
Federal Employees H	leaith Benefits Program	
Notice of Change in He	ealth Benefits Enrollment	t
Part AIde	ntifying Date	
Name (Lasi, list, middle initial)	2. Date of Sirth	3. Social Security Number
4. Address (Including ZIP Code)	5. Payroll Office Number	6. Enrollment Code Number
25 Mass Transfer Outs	20-09-5790	311
SSN 224-11-2345 through 511-12-543	7. SF 2811 Report No.	8. Date This Action Becomes Effec
		See Appendix 2
Only the item that is checked below affects your enrollment. Read that	item carefully and follow any pertinen	1
your enrollment is terminated and you apply for conversion.		
	ermination	
Your enrollment terminates on the date in Part A, item 8, above. IMPORTANT NOTICE: YOU HAVE THE RIGHT TO CONVERT TO See Part B—Termination on the back of this form for information abo in the box on the back of this form and send it to your plan within th	out your extension of coverage and co	THE CARRIER OF YOUR PLAN
Part C—Transfer Out		Trensfer In
This enrollment continues but is transferred to the new Payroll Office (or Retirement System) shown below. See Part C on the back of this form for more information.		ement System) shown in Part I belo
USDA - National Finance Center	Part E-Re	einstatement
Direct Premium Remittance System	Your enrollment has been reinstitem 8, above.	tated effective on the date in Part A
Part F-Change in Name of Enrollee	Part G-Change in Enrol	lment-Survivor Annuitant
The name in which this enrollment is carried has been changed to:	Your enrollment has been change	ed from family coverage to Self Only
Name Date of Birth	Your plan will send you a new kile code number is shown below.	ntification card. Your new enrollmen
Address (Including ZIP Code) il different from Part A, Item 4, above.	(NOTE: This item is completed to	by Retirement Systems only.)
	New Enrollment Code Num	ber
'		
Part H-	-Remarks	
Part IDat (NOTE: Instructions for Employing Office	te of Notice is are on the back of Coox 4 of this fi	orm)
Name of Agency and Address (Including ZIP Code)		<u>'</u>
Your Agency (SON)		
Your Address		
Your City/State/Zip	·	Dete
) UBIG
Signature of Authorized Agency Official		į

Title III
Chapter 5
Exhibits

Billings and Collections Manual Direct Premium Remittance System

(reserved)

Title III Chapter 5 Exhibits

Forms for Corrections

Title III Chapter 5 Exhibit 9

Billings and Collections Manual Direct Premium Remittance System SF-2809 for Correction of Erroneous Enrollment Code

	* * * ^	718-025	à a	a la	7 .
Not fo	or use by CSRS/FERS Ann	uitants - (See back of Cop	py 5j		• *
元 [1]	FEDERAL EMPLOYEES HEA				Approved: No. 3206-0160
Read the back of Copy 5 before completing this formulating the formulating the typewriter or print with balf-point pen, bearing de	· Sign and date in Part F.		- Time Limit For		days or lime
to make legible copies.	certify the completed form a	nd return your copy to you.	limit shown on b	eck of Copy 1.	
Name (Last, first, middle initial) Hampton, Gary T. Your mailing address (Number and street)		2. Date of birth (Use numbers for ma 8-10-51	o, day, yr) 3. Are y	ou now married?	٧o
234 Montoya Ave.		5. Social Security Number 433-57-3321 8. Home Phone Number (include ar	6. Sex		Visle
Monroe, LA 71234	not in dispute the second	504-721-1546	}	Phone No. (inci	
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ime of Plan				Enrollment C	ode .
Maxicare - Louisiana		2 Days	J	,	2
Karen Marie	25. Date or 5 (mo. day, yr) 11-30-52	coverage other than the FEHB plen	nin which you are no	have any group he w enrolling or enr	salth insurance oiled?
		a. Name of insurance company	b. Name of po	olicyholder	·
	- 	(CHAMPUS, Medicare, non-Federal plan,	e(c.)	********	
		d. Policyholder's Social Security Nu	Note:		
			Depender		
		1. Group employer name	listed aga		e torm
Let at Gill outside post an entire CAUST On the					
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atti (C.: All in Mas barr, as wall ar, 1949). Bi to shang 1. Present Plan Name	Present Plan Enrollment Cod	O Nombres of a contained accoming of	Month	Day	Year
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Billings and Collections Manual Direct Premium Remittance System SF-2809 to Correct Erroneous Effective Date

Title III Chapter 5 Exhibit 10

7 7 7 2	2 2 2		5 5 M 5
Not for u	se by CSRS/FERS Annu	itants - (See back of Copy 5)
	ALTH BENEFITS RE FEDERAL EMPLOYEES HEAL		Form Approved: OMB No. 3206-016
Read the back of Copy 5 before completing this form.	Complete Part A and Parts B, Sign and date in Part F.		ime Limit For Enrollment - 31 days or time
Use typewriter or print with balf-point pen, bearing down or make legible copies.	 Do not separate the copies. Ye certify the completed form and 	our employing office will is direturn your copy to you.	mit shown on back of Copy 1.
HET A Lizht who register true, St. P. this part.			
Name (Last, first, middle Initial) Abernathy Susan M.		2. Date of birth (Use numbers for mo, day 2-14-53	
Your mailing address (Number and street)		5. Social Security Number	Yes PNo 6. Sex
101 Curry Court City, State and ZiP Code		438-22-3456	Female Male
Franklin, LA 71123		8. Home Phone Number (include erea of 504-722-7531	, , , , , , , , , , , , , , , , , , , ,
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elect to enroll in a health benefits plan as shown below. member of the plan's sponsoring organization.) I authorize	te deductions from my salary or comp	he plan's enrollment area; if it is an employ pensation to cover my share of the cost of t	ee organization plan, I am (or will become) a the enrollment. (Copy the information reque:
ed below from front cover of brochure of the plan you sel time of Ptan	ect.)		Enrollment Code
GEHA BENEFIT PLAN			C. I I
2a. Names of Family Members	2b. Date of birth (mo, day, yr)		farmily members have any group health insurance
: "		coverage other than the FEHB plan in wi	hich you are now enrolling or enrolled?
		a. Name of insurance company	b. Name of policyholder
		(CHAMPUS, Medicare, non-Foderal plan, etc.)	. Have or posicy to der
			c. Effective date of coverage
	1	d. Policyholder's Social Security Number	e. Type of coverage
			Self Only Self and Family
	·	f. Group or employer name	g. Certificate or policy number
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Title III Chapter 5 Exhibit 11

Billings and Collections Manual Direct Premium Remittance System SF-2809 to Correct Erroneous Public Law

	ALTH BENEFITS RE	EGISTRATION FORM			Approved:
	_			OMB	Vo. 3206-016
to make legible copies.	Complete Part A and Parts B Sign and date in Part F. Do not separate the copies.	Your employing office will	Time Limit For E imit shown on be	inrollment - 31 cack of Copy 1.	days or time
CARLA - Administration may be the part.	certify the completed form a	nd return your copy to you.			
Name (Last, first, middle Initial)		2. Date of birth (Use numbers for mo), day, yr) 3. Are yo	u now married?	
Jackson, Peggy S. 4. Your mailing address (Number and street)		7-17-52 5. Social Security Number	Yes 6. Sex	N	la
425 Milton Drive		433-76-5432	Fema	ale : N	Ania
7. City. State and ZIP Code Prairieville, TX 75112		8. Home Phone Number (include and	ea code) 9. Office	Phone No. (incli	
MINT by continuous days, was to end of these years	ensament in this reserve Employe	801-750-1234	a rollment in ter ber	Con airwen	ons today
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member of the plan's sponsoring organization.) (authorize ed below from front cover at brochure of the plan you sele Name of Plan	ct.)	npensation to cover my share of the cos	it of the enrollment.	Copy the inform	lation requesi
				Enrollment C	ode
GEHA BENEFIT PLAN				1_1_	2
	20 Pate of birth (mo, day, yr)	 Do you, your spouse or any other eliq coverage other than the FEHB plan 	gible family members h i in which you are no:	ave any group he v enrotting or enro	aith insurance alled?
Timothy James	5-13-79	Yes Complete 3a-3g belo			
Sue Ann	4-28-82	a. Name of insurance company (CHAMPUS, Medicare, non-Federal plan.	b. Name of po	licyholder	
	+===	-1		·	
			Note:		
		d. Policyholder's Social Security Nu			. ha
	 	I. Group a employer name	Depender listed aga	iis musi	. De o form
			for correc		C 101111
*ART C - Ed in this part, aspect as PART B to change you 1. Present Plan Name	2. Present Plan Enrollment Cod	In the same of a contribute of the same of			
	312	(See Table on Back of Copy 1)	Month	Day	Year
PART D. EMPLOYEES ONLY THE PHIS partif you will	dvC0-10 ENROLL cod you wish	to CANCEL your enrollment. Place or	TXF in the book for its	hinds with	него груго г
My signature in Part F certifies that I have read the back of to qualify for FEHB coverage after retirement.	Copy 5 before making the election	n shown below and that I understand the	at I must meet the 5-	year enrollment	requirement
Piace X here 1. I elect not to enroll in the Federal		renrollment in the Federal Employees	Pres	ent Enrollment (Code
Employees Health Benefits Program.	code shown	am. I am currently enrolled under the		1.	
ART E - ANNUITANTS (except CSRS-FeBS (augument) A	ND FORMER SPOUSES ONLY	His ality partilyon wish to CANCE	L your en-rollment.	Place and Kilina	ne bay, below
Place X here I elect to cancel my enrollment in the Federal Emp	oloyees Health Benefits Program.	I am currently enrolled under the code	Pres	sent Enrollment (Code
shown at the right. My signature in Part F certified later reenroll except under very limited circumstate.	it hat i have read the back of Cop.	y 5 and that I understand that I cannot			!
PART Fill As with registed mind fill in this purif					
WARNING: Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law	1. Your signature (Do not print)		2. Date		
ounishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)	Must Be Sign	ed	9-	20-90	
YART G - To be completed by apency					
. Name and address (including ZIP Code) of employing offi	Ce .	2. Date received in employing office	3. Effective da	te of election	
Your Agency (SON)		9-12-90	8-	22-90	
Your Address		Effective date of termination of enrollment shown in Part C	5. SF 2811 rep	ort number	•
Your City/State/Zip		STROWNERS SHOWS HE FAST. C.			
6. Signature of authorized agency official	7. Phone number (include area	8. Payroll Office number		ation code (if diffe	erent from
	code)		item 8)		
	FTS or Comm	The same of the sa			
Must Be Signed	FTS or Comm				

Title III
Chapter 5
Exhibits

Reports

Billings and Collections Manual Direct Premium Remittance System

Exhibit 12 Report DPRS1501, Report of SF-2809's, 2810's Processed

	RELATIONSHIP	CHIDD) (ZZ-SPOUSE) (SZL) (SEDS) (SPOUSE RQUITY) (SPOUSE RQUITY)	
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USDA/OPM/NPC DIRECT PREMIUM REMITTANCE SYSTEM RT OF SF-2809'S, SF-2810'S PROCEI FOR THE MONTH OF SEPTEMBER	RECEIVED PROCESSED EFECTIVE	09/08/90 09/14/90 09/02/90 09/12/90 09/12/90 09/25/90	
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REPORT NO. DPRSISO1 DATE PREPARED 10/01/90 SUBMITTING OFFICE NO. 5317	EMPLOTER HAME	Smith, Michael T Abernathy, Susan M. Adams, John Q. James, Robert E. Jackson, Peggy S. Plunkett, Terry M. Thomas, Vicki	THE ABBREVIATION FOR ENROLLMENT THE ABBREVIATION FOR CORRECTION
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Billings and Collections Manual Direct Premium Remittance System Report DPRS1601, Notice of Individual Retirement Changes Exhibit 13

Title III Chapter 5

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PAGE 001	THE ORI IE EQUIT	E AND SECOND SEC
	ANHOTATE ON 1) ANY SPOUS 0-1. CHAPTE	PFECTV DATE 10/01/90
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USDA/OFM/NFC DIRECT PREMIUM REMITTANCE SYSTEM RETIREMENT RECORD CHANGES FOR SPOUSE EQUITY 09/16/90 TO 10/01/90	OF THE PAYROL RECORD (SF-2 CE WITH FPM S	GE 425-96-7415 10/10/41
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INDIVIDUAL	T SHOULD BE FORWARDED TO THE RETIREMENT SECTION OF THE PAYROLL OFFICE TO ANNOTATE ON THE ORIGINAL EMPLOYEES MASTER RECORD (SF-2806/SF-3100) OR SUPPLEMENTAL RECORD (SF-2806/SF-3101) ANY SPOUSE EQUITY ENROLLMENTS, ONS, TERMINATIONS, OR REINSTATEMENTS IN ACCORDANCE WITH FPM SUPPLEMENT 890-1. CHAPTER 17.	40 × 2 × 2 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3
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O. DPRST Pared 10 Pared 09 Son: 217	THIS REPORT RETIREMENT P CANCELLATION	·
REPORT NO. DPRS1601 DATE PREPARED 10/01/30 TIME PREPARED 03:14 AM DEPT:NV SON: 2174	NOTE: TP	Thomas, Vicki

Title III Chapter 5 Exhibits

Billings and Collections Manual Direct Premium Remittance System

(reserved)

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809 and SF-2810

Title III Chapter 5 Appendixes

Appendixes

Instructions for Completion of SF-2809 and SF-2810

Billings and Collections Manual
Direct Premium Remittance System
Instructions for Completion of SF-2809 and SF-2810

Appendixes

(reserved)

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Title III Chapter 5 Appendix 1

Block Number	<u>Title</u>	Type Of <u>Data</u>	Number Of Characters
Part A	All Who Register Must Fill In This Part.		
1	Name (Last, First, Middle Initial)	Alpha/ numeric	20 - Last 15 - First 1 - Mid.
	Entry: Separated employee, child, or ex-spouse's name (last, first, and middle initial.)		
2	Date Of Birth (Use Numbers For Mo., Day, Yr.)	Numeric	6
	Entry: Separated employee, child, or ex-spouse's date of birth (month, day, and year).		
3	Are You Now Married?	Alpha	1
	Entry: Check the appropriate block.		
4	Enrollee's Mailing Address (Number And Street)	Alpha/ numeric	25
	Entry: Street or rural route of the separated employee, child, or ex-spouse's mailing address.		
5	Social Security Number	Numeric	9
	Entry: Separated employee, child, or ex-spouse's social security number.		·

Title III
Chapter 5
Appendix 1

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Block Number	Title	Type Of <u>Data</u>	Number Of <u>Characters</u>
6	Sex	Alpha	1
	Entry: Check the appropriate block.		
7	City, State, And Zip Code	numeric	20 - City 2 - State 5 - Zip Zip + 4 - 4
	Entry: City, state, and ZIP Code of the separated employee, child, or ex-spouse's mailing address.		
8	Home Phone Number (Include Area Code)	Numeric	10
	Entry: The Separated employee, child, or ex-spouse's home telephone number.		
9	Office Phone No. (Include Area Code)	Numeric	10
	Entry: The separated employee, child, or ex-spouse's office telephone number or daytime telephone number where he/she can be reached		

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Title III Chapter 5 Appendix 1

Block Number	Title	Type Of <u>Data</u>	Number Of Characters
Part B	Fill In This Part If You Wish To Enroll Or Change Your Enrollment In The Federal Employees Health Benefits (FEHB) Program.		
1	Name Of Pian	Alpha/	35
	Enrollment Code	numeric Alpha/ numeric	3
	Entry: The elected health benefits plan name and 3-digit enrollment code.		
2a/b	Name Of Family Members	Alpha/ numeric	35
	Date of Birth (Month, Day, Year	Numeric	6
	Entry: List all eligible family members and their birth dates. Spouse must be listed first.		
	Note: Any subsequent documents pertaining to enrollment into the Direct Premium Remittance System (DPRS), including corrections, should list all eligible family members and their birth dates again.		
3	Do You, Your Spouse, Or Another Eligible Family Members Have Any Group Health Insurance Coverage Other Than The FEHB Plan In Which You Are Now Enrolling Or Enrolled?	Alpha/ numeric	1
	Entry: Check the appropriate block. If "yes" is marked, complete Blocks 3a through 3g.		
3a	Name Of Insurance Company	Alpha/ numeric	35
	Entry: Name of the insurance company that the eligible family member has the other health insurance coverage with.		

Title III
Chapter 5
Appendix 1

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Block <u>Number</u>	Title	Type Of <u>Data</u>	Number Of Characters
3b	Name Of Policyholder	Alpha/ numeric	35
	Entry: Name of the family member who is covered under another health plan.		
3c	Effective Date Of Coverage	Numeric	6
	Entry: The effective date of the coverage for the other health plan (month, day, and year).		
3d	Policyholder's Social Security Number	Numeric	9
	Entry: The social security number of the eligible family member who is enrolled in another health plan.		
3e	Type Of Coverage	Alpha	1
	Entry: The type of coverage of the other health plan. Check the appropriate block.		
3f	Group Or Employer Name	Alpha/ numeric	35
	Entry: The name of the group or employer that sponsors the other health plan.		
3g	Certificate Or Policy Number	Alpha/ numeric	35
	Entry: The certificate or policy number of the other health plan.		

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Title III Chapter 5 Appendix 1

Block Number	Title		Type Of Data	Number Of Characters
Part C		his Part As Well As Part B To Change gistration.		
1	Present I	Plan Name	Alpha	35
		The name of the plan that the Separated e, child, or ex-spouse is currently enrolled in.		
2	Present I	Plan Enrollment Code	Alpha/ numeric	3
		The enrollment code for the plan that the demployee, child, or ex-spouse is currently in.		
3	Number	Of Event That Permits Change	Numeric	2
	-	The appropriate code that reflects the event nits enrollment or change.		
	Code	Event		
	01	Open Season.		
	02	Change in marital status. (Marriage, divorce, annulment, death of spouse.)		
	03	Other change in family status (For example, birth of a child, legal separation, discharge from military service of a spouse or of a child under age 22.)	i	
	04	Move from an area served by a pre-paid plan (CMP/HMO) in which enrolled at time of move.		
	05	Termination of enrollment by employee organization plan because of termination of membership in organization.		
	10	Your plan stops participating in the FEHB Program.		
	14	You become eligible for Medicare		
	15	Your eligible child (or children) loses coverage under another FEHB enrollment		
4		Event that Permits Change Iffective date of the change being made (month	Numeric	6

Title III Chapter 5 Appendix 1

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Block Number	Title	Type Of Data	Number Of Characters
Part D	Employees Only		
1	I elect not to enroll in the Federal Employees Health Benefits Program		
	Entry: Not applicable to DPRS enrollees. Do Not Con	nplete.	
2	I Elect To Cancel My Present Enrollment In The Federal Employees Health Benefits program. I Am Currently Enrolled Under The Code Shown At The Right.	Alpha	1
	Entry: Place an "X" in the box if the enrollee wishes to cancel coverage.		
	Present Enrollment Code	Alpha/ numeric	3
	Entry: Enrollment code the enrollee elects to cancel.		

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Title III Chapter 5 Appendix 1

Block <u>Number</u>	<u>Title</u>	Type Of <u>Data</u>	Number Of <u>Characters</u>
Part E	Annuitants (Except CSRS/FERS Annuitants) And Former Spouses Only.		
	Not applicable to DPRS enrollees. Use Part D for DPRS enrollee cancellations.		
		·	
Part F	All Who Register Must Fill In This Part		
1	Your Signature (Do Not Print)	Alpha/ numeric	Unlimited
	Entry: Enrollee's signature.		
2	Date	Numeric	6
	Entry: Date the Enrollee signed the SF-2809 (month, day, and year).		

Title III Chapter 5 Appendix 1

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Block <u>Number</u>	<u>Title</u>	Type Of Data	Number Of Characters
Part G	To Be Completed By Agency		
1	Name And Address (Including ZIP Code) Of Employing Office	Alpha/ numeric	Unlimited
	Entry: Name and address of the agency employing off	ice.	
	Note: The Submitting Office Number (SON), also called the Employing Office Number and Personnel Office Identifier (POI) must be included in this block to process the SF-2809 in DPRS.	Alpha/ numeric	4
2	Date Received In Employing Office	Numeric	6
	Entry: Date the SF-2809 was received in the agency employing office (month, day, and year).		
3	Effective Date Of Election	Numeric	6
	Entry: Effective date of coverage (month, day, and year).		
	Note: The effective date of election is the 32nd day after the last day of the pay period or pay cycle in which the employee separates (separated employee only).		
>	The effective date of election is the 31st day after the date of qualifying event for former spouse and child under TCC.		
	For former spouse under P.L. 98-651, see FPM Supplement 890-1, Subchapter S17-8. ◀		
4	Effective Date Of Termination Of Enrollment Shown In Part C.	Numeric	6
	Entry: Effective date the coverage was terminated (month, day, and year).		

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Title III Chapter 5 Appendix 1

Block <u>Number</u> 5	Title SF 2811 Report Number Entry: Do not complete. The SF-2811 report number will be generated by NFC.	Type Of Data	Number Of <u>Characters</u>
6	Signature Of Authorized Agency Official Entry: Signature of the authorized agency official. Note: If the document is not signed, it will be returned.	Alpha/ numeric	Unlimited
7	Phone Number (Include Area Code) Entry: The telephone number of the authorized agency official completing the form.	Numeric	10
8	Payroll Office Number Entry: Payroll Office Number (For Post Office: Appropriate Finance Management Number.)	Numeric	8
9	Agency Location Code (If Different From Item 8) Entry: The agency location code.	Alpha/ numeric	(Unlimited)

Title III
Chapter 5
Appendix 1

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2809

Block	Title	Type Of	Number Of
Number		<u>Data</u>	<u>Characters</u>
Remarks	Remarks (For Use By Agency Only)	Alpha/ numeric	4 lines at 39 characters

Entry: The following information must be entered in the Remarks block in the <u>same order</u> shown as appropriate for the class of enrollee:

Separated employee:

- · Relationship (Self)
- The public law under which the applicant is eligible, using the law's whole number; i.e., P.L. 100-654 (5 USC 8905a).
- Date of separation (MM/DD/YY)
- Last day of pay period (MM/DD/YY)

Former spouse and child of a current employee:

- Relationship (ex-spouse, child)
- The Public Law under which the applicant is eligible for benefits, using the law's whole number; i.e., P.L. 98-615 or P.L. 100-654 (5 USC 8905a).
- · Name of the employee
- · Social security number of the employee
- Date of birth of the employee (MM/DD/YY)
- Date of the qualifying event; e.g., the date of divorce, annulment, or loss of coverage (Former Spouse - P.L. 100-654 only); or the Qualifying Date is the date of the event causing loss of coverage (e.g., date of a child's 22nd birthday, marriage, etc.). (MM/DD/YY)

Former spouse and child of a separated employee:

 Persons in this category should contact NFC directly for enrollment information.

Former spouse and child of Civil Service Retirement System (CSRS), Federal Employees Retirement System (FERS), or other retirement systems' annuitants:

The Office of Personnel Management (OPM) or the appropriate retirement system will continue to process any accounts for annuitants' children or former spouses. Forms for these individuals should be sent to OPM or the appropriate retirement system, not to NFC.

Billings and Collections Manual Direct Premium Remittance System enstructions for Completion of SF-2810

Title III Chapter 5 Appendix 2

	Instructions for Completion of SF-2	Appendix 2			
Block Number	Title	Type Of Data	Number Of Characters		
Part A	Identifying Data				
1	Name	Alpha/ numeric	20 - Last 15 - First 1 - Mid.		
	Entry: Separated employee, child, or ex-spouse's name (last, first, and middle initial).				
	For Mass Transfer Outs, leave the field blank.				
2	Date Of Birth	Numeric	6		
	Entry: Separated employee, child, or ex-spouse's date	of birth (m	onth, day, year).		
	For Mass Transfer Outs, leave the field blank.				
3	Social Security No.	Numeric			
	Entry: Separated employee, child, or ex-spouse's 9-di	igit social sec	curity number.		
	For Mass Transfer Outs, leave the field blank.				
4	Address (Including Zip Code)	Alpha/ numeric	35 - Street 20 - City 2 - State 5 - Zip		
	Entry: Separated employee, child, or ex-spouse's current address, including ZIP code.				
	For Mass Transfer Outs, enter the following information: Total Number of Enrollees transfering out) Mass Transfer Outs SSN XXX-XX-XXXX through XXX-XX-XXXX				
5	Payroll Office No.	Numeric	8		
	Entry: Eight digit payroll office number.				
	(For Post Office: Appropriate Finance Management Number.)				

Title III Chapter 5 Appendix 2

Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2810

Block Number	Title	Type Of <u>Data</u>	Number Of Characters		
6	Enrollment Code No.	Alpha/ numeric	3		
	Entry: Three-digit enrollment code.				
	Mass Transfer Outs can only be done by carrier and option code. If an employing office is transferring, for example, health plan code 311 and 312, a separate Transfer Out will have to be filled out for each code, even though both options are for the same carrier.				
7	SF-2811 Report No.	Numeric	4		
	Entry: Do Not Complete This Block. This number v	vill be entere	ed by NFC.		
8	Date This Action Becomes Effective	 Numeric	6		
	Entry: Effective date of change (month, day, year). Date enrollee paid through on your system. This will be the Transfer Out Date. Enrollees must be current in your system at time of transfer.				
	The date must be the same for all transfer out enrollees				
Part B	Termination	Alpha	1		
	Entry: Do not complete. NFC will process any terminations for DPRS.				
Part C	Transfer Out	Alpha	1		
	Entry: Check this block to transfer enrollment to DPRS. Also, enter "USDA National Finance Center Direct Premium Remittance System (DPRS)" in this block.				
Part D	Transfer In	Alpha	1		
	Entry: Do not complete. NFC will process the Transfe and spouse equity enrollees.	er In for tem	aporary continuation		

Billings and Collections Manual Direct Premium Remittance System estructions for Completion of SF-2810

Title III Chapter 5 Appendix 2

	Instructions for Completion of SF	Appendix 2		
Block <u>Number</u>	<u>Title</u>	Type Of <u>Data</u>	Number Of Characters	
Part E	Reinstatement	Alpha	1	
	Entry: Do not complete. NFC will process any reins	tatements.		
Part F	Change In Name Of Enrollee			
	Entry: Do not complete. The enrollee will contact	NFC directly.		
Part G	Change In Enrollment - Survivor Annuitant	Alpha	1	
	Entry: Do not complete. Not applicable to the temporary continuation or spouse equity enrollee.			
Part H	Remarks	Alpha/ numeric	Unlimited	
	Example: (Form Completed by: Jane Doe) Telephone No. (123) 456-7890			
Part I	Date Of Notice			
	Name Of Agency And Address, Including Zip Code	Alpha/ numeric	Unlimited	
	Entry: The name and address of the employing offi			
	Signature Of Authorized Agency Official	Alpha/ numeric	Unlimited	
	Entry: This block must be completed by the authorized agency official only.			
	Date (month, day, and year)	Numeric	6	
	Entry: Enter the date signed by the authorized office	cial.		
	Note: If the document is not signed, it will be return	ned.		

Title III Chapter 5 Appendix 2 Billings and Collections Manual Direct Premium Remittance System Instructions for Completion of SF-2810

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