



Title: I, Payroll/Personnel Manual

Chapter:

Bulletin: 12-31, Revision of Standard Form (SF) 2809, Health Benefits Election Form

Date: December 7, 2012

To: Subscribers of Title I

This bulletin is being issued to inform users that effective Pay Period 23, 2012, the National Finance Center (NFC) made system modifications to accommodate changes to Standard Form (SF) 2809, Health Benefits Election Form, made by the Office of Personnel Management.

The following NFC systems were modified in accordance with these changes (including the addition of front-end edits of the data being entered):

- Employee Personal Page (EPP)
- *EmpowHR*
- Web-based Entry, Processing, Inquiry, and Correction System (EPIC Web)
- Front-End Systems Interface (FESI)

A list of the new and/or modified items on the form is included in the attached, Changes to Fields on Standard Form (SF) 2809, Health Benefits Election Form.

The procedure manuals for these applications, which are available online at the NFC Web site, have been updated to include the information in this bulletin. To view and/or print these procedures, go to the NFC Home Page and click the Publications link at the top of the page. At the Publications page's right-hand menu, click Procedures by Acronym or Procedures by Title/Chapter then search on the list provided for EPP, *EmpowHR*, EPIC Web, and FESI.

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For questions about NFC processing, authorized Servicing Personnel Office representatives should contact the NFC Contact Center at 1-855-NFC4GOV (1-855-632-4468) or via the Internet using the Requester Console user identification.



RANDY L. SPEED, Director
Government Employees Services Division

Attachment

Below is a list of the applicable Part names with the new and/or modified Item names on the SF 2809.

Note: Detailed explanations of these Part names are available on the form. Please see the Office of Personnel Management (OPM) Web site at www.opm.gov for additional information.

- Part A. Enrollee and Family Member Information
 - Item 3. Date of Birth (*mm/dd/yyyy*)
 - Item 7. If you are covered by Medicare, check all that apply.
 - Item 8. Medicare Claim Number
 - Item 9. Are you covered by insurance other than Medicare?
 - Item 10. Indicate the type(s) of other insurance:
 - Item 13. Date of Birth (*mm/dd/yyyy*)
 - Item 17. If you are covered by Medicare, check all that apply.
 - Item 18. Medicare Claim Number
 - Item 19. Are you covered by insurance other than Medicare?
 - Item 20. Indicate the type(s) of other insurance:
 - Item 21. Email address (*if home address is different than enrollee's*)
 - Item 22. Preferred telephone number (*if home number is different from enrollee's*)
- Part B. FEHB Plan You Are Currently Enrolled In (*if applicable*)
- Part C. FEHB Plan You Are Enrolling In or Changing To
- Part D. Event That Permits You To Enroll, Change, or Cancel
- Part H. Signature
 - Item 3. Email address
 - Item 4. Preferred telephone number
- Part I. To be completed by Agency or retirement system
 - Item 1. Date received (*mm/dd/yyyy*)
 - Item 2. Effective date of action (*mm/dd/yyyy*)