A vertical strip of the American flag is visible on the left side of the slide, showing the blue field with white stars and the red and white stripes.

**Tribal Benefits Officer Training:  
*Federal Employees Health  
Benefits Program (FEHB)  
Standard Forms 2809 & 2810***

U.S. OFFICE OF PERSONNEL MANAGEMENT

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# Agenda

- Introduction
- SF 2809 Actions
- SF 2810 Actions
- Resources



# Introduction

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# SF 2809

## Health Benefits Election Form

- Tribal employees complete SF 2809 to request a health benefits action
- SF 2809 is located at [www.opm.gov/forms/pdf\\_fil/sf2809.pdf](http://www.opm.gov/forms/pdf_fil/sf2809.pdf)

# SF 2809



Form Approved  
OMB No. 3206-0160

## Health Benefits Election Form

**Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)**

1. Enrollee name (last, first, middle initial)		2. Social Security number		3. Date of birth (mm/dd/yyyy)		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F		5. Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Home mailing address (including ZIP Code)		7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. Medicare Claim Number					
10. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other: Name of other insurance: _____ Policy number: _____		<input type="checkbox"/> FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.							
11. Name of family member (last, first, middle initial)		12. Social Security number		13. Date of birth (mm/dd/yyyy)		14. Sex <input type="checkbox"/> M <input type="checkbox"/> F		15. Relationship code	
16. Address (if different from enrollee)		17. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		18. Medicare Claim Number					
20. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other: Name of other insurance: _____ Policy number: _____		<input type="checkbox"/> FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.							
21. Email address (if home address is different from enrollee's)		22. Preferred telephone number (if home address is different from enrollee's)							
23. Name of family member (last, first, middle initial)		24. Social Security number		25. Date of birth (mm/dd/yyyy)		26. Sex <input type="checkbox"/> M <input type="checkbox"/> F		27. Relationship code	
28. Address (if different from enrollee)		29. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		30. Medicare Claim Number					
32. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other: Name of other insurance: _____ Policy number: _____		<input type="checkbox"/> FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.							
33. Email address (if home address is different from enrollee's)		34. Preferred telephone number (if home address is different from enrollee's)							
35. Name of family member (last, first, middle initial)		36. Social Security number		37. Date of birth (mm/dd/yyyy)		38. Sex <input type="checkbox"/> M <input type="checkbox"/> F		39. Relationship code	
40. Address (if different from enrollee)		41. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		42. Medicare Claim Number					
44. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other: Name of other insurance: _____ Policy number: _____		<input type="checkbox"/> FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.							
45. Email address (if home address is different from enrollee's)		46. Preferred telephone number (if home address is different from enrollee's)							

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U.S. Office of Personnel Management

(continued on the reverse)  
For agency distribution of copies, see page 5 of the instructions.

Standard Form 2809  
Revised August 2011  
Previous edition is not usable

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# SF 2810

## Notice of Change in Health Benefits Enrollment

- Tribal employing office completes SF 2810 to process an action that does not require the tribal employee's signature
- SF 2810 is located at:  
[www.opm.gov/forms/pdf\\_fil/sf2810.pdf](http://www.opm.gov/forms/pdf_fil/sf2810.pdf)

# SF 2810

RESET

PRINT

SAVE

Read the Instructions to Payroll Offices - Pg 3

Instructions for Employing Offices



## Notice of Change in Health Benefits Enrollment

### Part A - Identifying Information

1. Name (Last, first, middle initial)	2. Date of birth	3. Social security number
4. Home address (including ZIP Code)	5. Payroll office number	6. Enrollment code number
	7. SF 2810 Report number	8. Date this action becomes effective

Only the item that is checked below affects your enrollment. Read that item carefully and follow any pertinent instructions. Keep this form for your records.

### Part B - Termination

Your enrollment terminates on the date in Part A, item 8, above. However, your coverage is extended for 31 days after that date. **Important Notice:** You have the right to convert to an Individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.

If termination is due to death of enrollee enter date of death:  Date of death (mo, dy, yr)

### Part C - Transfer In

The new Payroll Office (or Retirement System) shown in Part H below has accepted transfer of this enrollment and will continue it.

### Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 8, above.

### Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:

Name  Date of Birth

Address (including ZIP Code) if different from Part A, item 4, above.

### Part F - Change in Enrollment-Survivor Annuitant

Your enrollment has been changed from family coverage to self only. Your plan will send you a new identification card. Your new enrollment code number is shown below. (Note: This item is completed by Retirement Systems only.)

New Enrollment Code Number

### Part G - Remarks

### Part H - Date of Notice

Note: Instructions for Employing Offices are on the back of Copy 4 of this form.

Name and address of agency (including ZIP Code)	Personnel contact and telephone number	<input type="text"/>
	Payroll contact and telephone number	<input type="text"/>
Signature of authorized agency official	Date <input type="text"/>	

U.S. Office of Personnel Management  
OS&P/OS&P Handbook for Personnel and Payroll Offices

ISBN 7683-01-033-1336

Copy 1 - To Enrollee

2810-106

Previous edition is obsolete

Standard Form 2810  
Revised June 1985



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# Processing Responsibilities

- Tribal employer
- National Finance Center (NFC)
- FEHB health plan



# SF 2809

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# Purpose of SF 2809

SF 2809 is used to process:

- Initial election to enroll or not to enroll in FEHB
- Change in FEHB enrollment
- Cancellation of FEHB enrollment

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# Who Must Use SF 2809?

Tribal employee completes SF 2809 (fillable form) and submits it to tribal employer

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# How to Complete SF 2809

- The tribal employee must follow the guidance in SF 2809  
Guidance for Tribal Employees
- These instructions are located at [www.opm.gov/tribalprograms](http://www.opm.gov/tribalprograms)

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# How the Tribal Employer Must Process SF 2809

- Ensure tribal employee is eligible to enroll, change enrollment, or cancel
- Make sure the tribal employee has accurately completed Parts A-H of SF 2809
- Inform employee of any inconsistency

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# How the Tribal Employer Must Process SF 2809 (contd)


- Complete Part I of the SF 2809
- Enter all applicable data from SF 2809 into the Tribal Insurance Processing System (TIPS)
- Enter the date the FEHB enrollment action is effective

The image shows a close-up of the American flag, focusing on the blue field with white stars and the red and white stripes. The flag is positioned on the left side of the slide, partially overlapping the text area.

# How the Tribal Employer Must Process SF 2809 (contd)

- Give copy of SF 2809 to tribal employee
- Inform tribal employer's payroll office of the enrollment action so correct premiums are withheld
- File copy of SF 2809 in Tribal Employer Personnel Folder



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# How the Tribal Employer Must Process SF 2809 (contd)

- Tribal employers should enter SF 2809 data into TIPS as soon as possible
- NFC transmits TIPS data received from tribal employers to health plans every Wednesday at 3 p.m. eastern standard time

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# Family Members

- All eligible family members are automatically covered under a Self and Family enrollment.
- Tribal employer reviews eligibility of family members listed on SF 2809; if needed, corrections should be made
- FEHB plan reviews listed family members; plan may request documentation.

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# Family Members (contd)

- Enrollee with a Self and Family FEHB enrollment is responsible for telling plan about changes in family members
  - Adding (e.g., birth or adoption of child)
  - Removing (e.g., divorce, child age 26)
- SF 2809 is not required if there is no enrollment code change (e.g., Self Only to Self and Family)



# SF 2810

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# Purpose of SF 2810

SF 2810 records actions that do not require the tribal employee's signature (e.g., enrollment termination) or are informational (e.g., name change)

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# Purpose of SF 2810 (contd)

SF 2810 is used to process these actions:

- Termination
- Transfer between billing units or tribal employers
- Reinstatement
- Name change of tribal employee

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# Who Must Use SF 2810

Tribal employer must use SF 2810 and enter information into the Tribal Insurance Processing System (TIPS)

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# SF 2810 for Termination

- Complete Parts A, B, and H
- Enter 2810 data into TIPS and transmit it to NFC



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# SF 2810 for Termination (contd)

- Give tribal employee “Copy 1” of SF 2810
- Inform tribal employer’s payroll office
- File copy in Tribal Employer Personnel Folder

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# Transfer Between Billing Units or Tribal Employers

- Effective date is the first day employee begins at new billing unit or tribal employer
- Losing (old) billing unit or tribal employer does not complete any forms or enter data in TIPS

The image shows a close-up of the American flag, focusing on the blue field with white stars and the red and white stripes. The flag is positioned on the left side of the slide, partially overlapping the text.

# Transfer Between Billing Units or Tribal Employers (contd)

New billing unit must:

- Complete Parts A, C, and H of SF 2810
- Enter data in TIPS
- Give “Copy 1” of SF 2810 to tribal employee
- Inform tribal employer’s payroll office
- File copy in Tribal Employer Personnel Folder

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# **Transfer Between Billing Units or Tribal Employers (contd)**

Give a tribal employee in a Health Maintenance Organization (HMO) an opportunity to change FEHB enrollment if transfer involves a move outside of HMO's service or enrollment area

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# Reinstatement

- Returns to tribal employment after military service
- Returns to duty after tribal employee was erroneously suspended without pay for more than 365 days or removed

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# Reinstatement (contd)

- Complete Parts A, D, G and H of the SF 2810
- In Part G, the Remarks section, enter the event permitting the reinstatement
- Enter SF 2810 data into TIPS and transmit it to NFC
- Give tribal employee “Copy 1” of SF 2810
- Inform tribal employer’s payroll office
- File copy in Tribal Employer Personnel Folder

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# Name Change

- Complete Parts A, E, G, and H
- Enter reason and date of name change in Part G, the Remarks section
- Enter SF 2810 data into TIPS and transmit it to NFC
- Give copy of SF 2810 to tribal employee, notify tribal employer's payroll office, and file copy in Tribal Employer Personnel Folder



# Resources



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# Resources

- [www.opm.gov/tribalprograms](http://www.opm.gov/tribalprograms)
  - Tribal FEHB Handbook
  - Standard Forms 2809 and 2810  
Guidance for Tribal Employers
- [www.opm.gov/forms/pdf\\_fil/sf2809.pdf](http://www.opm.gov/forms/pdf_fil/sf2809.pdf)
- [www.opm.gov/forms/pdf\\_fil/sf2810.pdf](http://www.opm.gov/forms/pdf_fil/sf2810.pdf)

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# Resources (contd)

- Tribal Benefits Officers Only inquiries:
  - Phone: 202-606-2530
  - Email: [tribalprograms@opm.gov](mailto:tribalprograms@opm.gov)
- Tribal Programs Listserv