

## FEHB ELIGIBILITY ACKNOWLEDGEMENT AND INSTRUCTIONS

As an employee either newly eligible for coverage under the Federal Employees Health Benefits (FEHB) Program or newly eligible for payment of the government portion of the FEHB premium due to changes in FEHB regulations, you are asked to acknowledge that you understand your new eligibility by initialing each item below and signing at the bottom.

\_\_\_\_\_ I understand that I have 60 days from the date of this notice to enroll in FEHB. If I do not enroll during that time period, I will be deemed to have waived coverage and will not be eligible to enroll in FEHB until the next open season, unless I experience a Qualifying Life Event (QLE) which allows for enrollment

\_\_\_\_\_ I understand that if I am already enrolled in FEHB and paying both the government and employee portions of the premium, I must re-enroll (even if I do not wish to change FEHB plans), in order to receive the government portion of the premium

\_\_\_\_\_ I understand that, my premium will be deducted from my pay on a pre-tax basis, which is known as Premium Conversion (PC). Participation in PC limits my opportunity to change to self-only or cancel my FEHB coverage to during open season or due to a QLE which allows for the change. I have 60 days from the date of this notice to waive participation in PC by filling out and submitting a PC waiver form which is found on the Army Benefit Center-Civilian (ABC-C) website at:

<https://www.abc.army.mil/Forms/DAWaiverForm.pdf>

\_\_\_\_\_ I understand that it is my responsibility to research available FEHB plans and to determine which plan is appropriate for my medical and financial circumstances. Once my FEHB election is effective, I may only change or cancel coverage during the annual open enrollment period or due to a QLE, unless I have waived PC.

\_\_\_\_\_ I understand that my FEHB election will be effective on the first day of the pay period following my Human Resources Office receipt of the form, or my electronic election (as appropriate) and that follows a pay period in which I am in pay and duty status

\_\_\_\_\_ I understand that, while coverage begins on the effective date, it may take up to several weeks for the FEHB carrier to process my enrollment and issue my FEHB cards. In the interim, I may have to pay out of pocket for health care costs and submit the claim for reimbursement once I am active in the carrier's system.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYEE INSTRUCTIONS

**Automated enrollment**-once your FEHB eligibility is updated in your personnel record you will be able to enroll via the Employee Benefits Information System (EBIS)

- Research plan information available at <http://www.opm.gov/healthcare-insurance/> and identify the plan you want to enroll in
- Log into the EBIS located on the Army Benefits Center-Civilian (ABC-C) website at: [www.abc.army.mil](http://www.abc.army.mil)
- Select the TRANSACTIONS button. In the FEHB section, click CHANGE (An employee whose eligibility has not yet updated, will receive a pop up message indicating that they are ineligible to change their FEHB at this time. Employees who receive this message should continue to monitor EBIS and contact their local HR office if situation persists.)
- A drop down box directing employee to: **Select the type of FEHB transaction you wish to complete**. Employees who are newly eligible for FEHB will see the option: **New enrollment** in the drop down box. They should select this option and follow the prompts to submit their FEHB election.
- Employees who were already eligible for FEHB but are newly eligible for the government portion of the premiums will see the New Enrollment option. These employees should call the ABC-C at 877-276-9287 between the hours of 6 am and 6 pm Central Time and speak with a Benefits Specialist to enroll or change their enrollment.
- Employees already enrolled and paying both the government and employee share of the premium who are newly eligible for the government contribution but *do not wish to change enrollment* should take the following steps:
  - Obtain and print Standard Form (SF) 2809-Health Benefits Registration Form from local Human Resources Office or by logging onto the ABC-C website at: [www.abc.army.mil](http://www.abc.army.mil), click on Forms and then click on Health Insurance
  - Complete and return the form to the local Human Resources Office within 60 days of this notification

**NOTE: Only employees already enrolled and paying both the government and employee share of the premium who are newly eligible for the government contribution but do not wish to change enrollment should enroll via hard copy**