

TABLE 1. SUMMARY OF FEHBP ENROLLMENT

MARCH 31, _____ [Enter year of report]

Plan Name:		Plan Code :	
Type of enrollment	Number of:		
	Contracts	Persons covered (contracts * dependents)	Disenrollments
EMPLOYEES			
High option			
xx1 Self only			
xx2 Self and family			
Standard option			
xx4 Self only			
xx5 Self and family			
TOTAL			
ANNUITANTS			
High option			
xx1 Self only			
xx2 Self and family			
Standard option			
xx4 Self only			
xx5 Self and family			
TOTAL			
Where xx is your plan's two character identification code. <input type="checkbox"/> Dependent counts are actual. (check if applies) <input type="checkbox"/> Dependent counts are estimates. (check if applies)			
Describe your method of estimating the number of dependents:			
Signature of Responsible Person Date Telephone number			
BE SURE THE PLAN CODE IS ON THE TOP OF THE REPORT AND THAT YOU HAVE SIGNED THE REPORT AND INCLUDED YOUR PHONE NUMBER. MAIL THIS REPORT TO: OFFICE OF INSURANCE PROGRAMS, ATTENTION: ENROLLMENT REPORTS, P O BOX 707, WASHINGTON, D.C. 20044. FAX THIS FORM TO 202/606/0036 OR CALL ERIC FIGG AT 202/606/0745 FOR INFORMATION ABOUT THIS FORM.			

TABLE 1. SUMMARY OF FEHB PROGRAM ENROLLMENT

FREQUENCY: **Annual**

Cut-Off Date: March 31 **Due Date:** April 15

Purpose: Summarizes the number of enrollees and dependents by type of enrollment for a specific enrollment code and gives certain disenrollment data.

Employees -- means active employees covered in the FEHB Program. For the purposes of this table, all enrollees in payroll offices not listed below are employees.

Annuitants – means retired employees and other annuitants covered by the FEHB Program. For the purposes of this table, all enrollees in the following payroll offices are annuitants:

10 01 5697	24 00 0002**	24 06 9901	24 90 0002**	69 02 5356	99 00 4861
16 00 9919	24 02 9901	24 07 9901	24 99 9999**	95 56 0057	99 00 4862
19 00 0001	24 03 9901	24 17 9901	28 00 3334	95 56 0058	99 00 4863
20 74 9901	24 04 9901	24 21 9901	57 38 0101	95 56 0059	99 99 0001
23 90 0001	24 05 9901	24 57 9901	64 90 9901	99 00 4860	

** These numbers are used by OPM’s Office of Retirement Programs (ORP) for their annuitants. In 2002 numbers 24 00 0002 and 24 99 9999 will be discontinued and only 24 90 0002 will continue.

Contracts – report the number of enrollees (employees and annuitant contract holders) in your plan at the end of the reporting period.

Persons Covered – report the number of members (enrollees plus all of the covered dependents) in your plan at the end of the reporting period.

If you cannot provide an exact figure for dependents, estimate. Check the box and tell us how you arrived at your estimate.

Disenrollments – report the total number of contracts that transferred out of your plan into another plan, or dropped health benefits entirely. Please note we are interested in gross, not net, disenrollments.

High and Standard Options – Carriers that have two options should complete both the high and standard option boxes. Blue Cross should use the high option box for its Standard Option and the standard option for its Basic Option. Carriers that have only one option must put their data in the high option boxes only and not use the standard option boxes.