



Notice of Change in Health Benefits Enrollment

Part A - Identifying Information	2. Annuity Claim CSA	3. Survivor Annuity Claim CSF
1. Name (last, first, middle initial)	4. Date of birth (mm/dd/yyyy)	5. Social security number
6. Address (including ZIP Code)	7. Payroll office number 24 90 0002	8. Enrollment code
9. Email	10. Enrollment I.D.	11. Date this action becomes effective (mm/dd/yyyy)

Only the items checked below affect 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 11**, above. However, your coverage is extended for 31 days after that date.

Important Notice: You have the right to convert to an individual (non-group) contract with the carrier of your plan. See **Part B - Termination** on the back of this form for information about 31-day extension of coverage and conversion.

Part C - Transfer In	Part D - Reinstatement
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Your Federal retirement system has accepted transfer of this enrollment and will continue it.

Your enrollment has been reinstated effective on the date in **Part A, item 11**, above.

Part E - Change in Name of Enrollee	Part F - Change in Enrollment - Survivor Annuitant
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The name under which this enrollment is carried has been changed to:
Note: The Plan will send you a new identification card.

Name	Date of birth (mm/dd/yyyy)
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Address (including ZIP Code) if different from Part A, item 6, above.

Your enrollment has been changed from Self and Family coverage to Self Only coverage. Your Plan will send you a new identification card.

Your enrollment has been changed from Self and Family coverage to Self Plus One. Your plan will send you a new identification card in your names.

Your enrollment has been changed from Self and Family coverage to Self Only. Your plan will send you a new identification card in your name.

Your enrollment has been changed from Self Plus One to Self Only. Your plan will send you a new identification card in your name.

Social security number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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New enrollment code number

Part G - Remarks

	Date of Death (if applicable)
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Part H - Date of Notice

Name and address of agency U.S. Office of Personnel Management, Retirement Services, Washington, DC 20415	(For agency use only)
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Signature of authorized agency official	Date (mm/dd/yyyy)
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Part B - Termination

If Part B on the other side of this form is checked, read the following instructions carefully.

31-Day Extension of Coverage

Your enrollment terminates on the date shown in Part A, item 11, on the front of this form. Coverage under your enrollment continues for 31 days from the date shown. If you, or any covered member of your family, are a patient in a hospital on the 31st day of this extension, benefits of the plan may continue for the rest of that confinement, but not beyond 60 more days.

Conversion to Non-group Contract

You may convert your enrollment to a non-group contract, without evidence of good health. The non-group contract to which you may convert is one regularly offered by your plan. It may differ from your group plan in benefits or cost, or both, and you will have to pay the entire cost of the non-group contract directly to the plan. The non-group contract is effective on the day after your 31-day extension of coverage ends.

If you are interested in converting to a non-group contract, write for information to the nearest office of the plan in which you have been enrolled (see the plan's brochure or ask the Office of Personnel Management for the address of the plan's nearest office). The plan will promptly send you an application form and details concerning benefits and rates of the non-group contract to which you may convert.

Time Limit on Conversion

Normally, to be eligible for conversion, you must send your written request for information to your plan within 31 days after the date shown in Part H. However, if the date shown in Part H is more than 60 days after the date your enrollment terminates (Part A, item 11), you must forward your written request to your plan within 91 days after the date shown in Part A, item 11.

If you are prevented by causes beyond your control from submitting a timely request for information about conversion to a non-group contract, you should write to your plan as soon as possible asking approval of a belated conversion opportunity.

Explain fully the circumstances that prevented earlier action and attach a copy of this form or other proof of loss of group coverage. A plan may consider requests filed within 6 months after group eligibility ends. If your plan needs assistance in processing your request, it should contact OPM.

Help in Obtaining Insurance through the Marketplace

In lieu of offering a non-FEHB plan for conversion purposes, your plan will offer assistance to you in obtaining health benefits coverage inside or outside the Affordable Care Act's Health Insurance Marketplace. For assistance in finding coverage, please contact your plan directly.

Entry on Active Military Duty

If you elected to terminate your enrollment because you are entering military service, you may convert to a non-group contract even though your family members are entitled to care under the Uniformed Services Health Benefits Program. Your enrollment will be reinstated on the day you are separated from military service. You must notify your retirement system of this event by furnishing a copy of your separation papers.

If Part C, D, E, or F on the other side of this form is checked, read carefully whichever of the following instructions applies.

Part C - Transfer of Enrollment

Retirement - Your enrollment continues automatically during retirement because you met certain eligibility requirements.

Death - If the deceased employee or annuitant was enrolled for self and family at the time of death, and if at least one of the covered family members is entitled to survivor annuity (or the surviving spouse is eligible for FERS Basic Employee Death benefit), eligible family members who were covered by the enrollment of the deceased may continue the coverage. The health benefits plan identification number generally is the deceased's social security number.

Part D - Reinstatement

This form is used to reinstate your health benefits enrollment. The enrollment may have been terminated because your annuity was terminated, because you entered military service and elected to terminate your enrollment, or because of an error or misunderstanding.

Part E - Change in Name of Enrollee

At the time a Federal retirement system survivor annuity is approved, this form is used to show that the retirement system has continued the health benefits enrollment in the survivor's name. If an eligible spouse survives, the enrollment will be changed to his/her name. Otherwise, the enrollment will be continued in the name of the youngest child.

Part F - Change in Enrollment - Survivor Annuitant

The enrollment will remain in the family option unless there is only one eligible family member. In that event, the enrollment will be changed to the self-only option. The family plan covers all eligible family members. Any time the person who is paying for the family enrollment elects to change to self-only, all other eligible family members will be given an opportunity to enroll in an FEHB plan.

Keep This Form For Your Records.



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6. Address (including ZIP Code)	7. Payroll office number 24 90 0002	8. Enrollment code
9. Email	10. Enrollment I.D.	11. Date this action becomes effective (mm/dd/yyyy)

Only the items checked below affect 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 11**, above. However, your coverage is extended for 31 days after that date.

Important Notice: You have the right to convert to an individual (non-group) contract with the carrier of your plan. See **Part B - Termination** on the back of this form for information about 31-day extension of coverage and conversion.

Part C - Transfer In	Part D - Reinstatement
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Your Federal retirement system has accepted transfer of this enrollment and will continue it.

Your enrollment has been reinstated effective on the date in **Part A, item 11**, above.

Part E - Change in Name of Enrollee	Part F - Change in Enrollment - Survivor Annuitant
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The name under which this enrollment is carried has been changed to:
Note: The Plan will send you a new identification card.

Name	Date of birth (mm/dd/yyyy)
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Address (including ZIP Code) if different from Part A, item 6, above.

Your enrollment has been changed from Self and Family coverage to Self Only coverage. Your Plan will send you a new identification card.

Your enrollment has been changed from Self and Family coverage to Self Plus One. Your plan will send you a new identification card in your names.

Your enrollment has been changed from Self and Family coverage to Self Only. Your plan will send you a new identification card in your name.

Your enrollment has been changed from Self Plus One to Self Only. Your plan will send you a new identification card in your name.

Social security number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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New enrollment code number

Part G - Remarks

Date of Death (if applicable)

Part H - Date of Notice

Name and address of agency U.S. Office of Personnel Management, Retirement Services, Washington, DC 20415	(For agency use only)
Payroll contact and telephone number OPM, Retirement Benefits, (202) 606-5148	

Signature of authorized agency official	Date (mm/dd/yyyy)
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Instructions for the Retirement Services Offices

Purpose of Form

This form covers health benefits actions except enrollments, changes from one plan to another, changes of coverage within a plan, and cancellations, all of which are processed on the Health Benefits Registration Form (OPM Form 2809). When an action requires a change in health benefits enrollment, prepare OPM 2810 *as soon as the effective date is known* and dispose of copies as indicated below.

Prompt Action Required for Conversion

Send this form to the enrollee within 60 days after the date shown in Part A, item 11. To be eligible to convert to a non-group contract, the enrollee must send a written request for information about conversion to a non-group contract to his or her plan within 31 days after the date shown in Part H, but not later than 91 days after the date shown in **Part A, item 11**.

Completion of Form

Part A - Identifying Information

1. For items 1, 4, 5, 8, and 9, transcribe from the last SF or OPM 2809 or 2810, whichever is the most recent.
2. Item 6, use most recent known address.
3. Item 11, date as follows for action reported in:
 - B. **Termination** - Last day of month in which terminating event occurs.
 - C. **Transfer In** - Actual date.
 - D. **Reinstatement** - Actual date.
 - E. **Change In Name of Enrollee** - Actual date.
 - F. **Change In Enrollment** - Survivor Annuitant - Effective date of sole survivor's annuity.

Part B - Termination

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual contract:

- **Retired** - not eligible to continue enrollment.
- **Died** - no survivor eligible to continue enrollment.
- Termination of title to annuity or compensation.
- Changed to excluded position or category.
- 365 days non-pay status completed.
- Temporary continuation of coverage expired.

Part C - Transfer In

Gaining office uses this box to report transfer actions such as:

- **Retired** - Acceptance of the enrollment by retirement system because employee is eligible to continue enrollment as an annuitant.
- **Death** - Acceptance of the enrollment by retirement system because survivor is eligible to continue enrollment as a survivor annuitant.

Part D - Reinstatement

In Part G, "Remarks" give the reason for the reinstatement.

Part E - Change in Name of Enrollee

Use this box only for reporting changes in name where change of coverage within a plan by OPM 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

Part F - Change in Enrollment - Survivor Annuitant

Claims examiners will make this determination on the basis of documentary evidence that there is only one survivor annuitant.

Part G - Remarks

Use this box to bring to the attention of the annuitant or insurance carrier any pertinent information to clarify or support the action being taken.

Part H - Date of Notice

Facsimile signature is acceptable. Date as day of issuance.

Disposition

Copy 1 - Deliver (or mail) to annuitant or survivor.

Copy 2 - Send to Insurance Services Branch.

Copy 3 - File in case.