Who May Use OPM Form 2809

- Annuitants retired under the Civil Service Retirement System (CSRS) or Federal Employees' Retirement System (FERS), electing or changing either their FEHB or Postal Service Health Benefit (PSHB) coverage under the FEHB Program;
- Survivor annuitants under CSRS or FERS;
- Former spouses;
- Children and former spouses who are eligible for temporary continuation of coverage; and
- An OPM appointed representative payee or court appointed guardian of the eligible member.

Instructions for Completing OPM 2809

Type or print firmly.

Part A — Enrollee Information

You must complete this part.

Item 1. Enter your legal name.

Item 2. Provide your Social Security number.

Item 3. Enter your date of birth.

Item 4. You must select a sex option "Male" or "Female" that corresponds with your biological sex at birth.

Item 5. If you are separated but not divorced, you are still married.

Item 6. Enter your mailing address.

Item 7. If you have Medicare, check which Parts you have, including prescription drug coverage under Medicare Part D.

Item 8. If you have Medicare, enter your Medicare Beneficiary Identifier (MBI). This number is on your Medicare card.

Item 9. If you are covered by other health insurance *(private, state, Medicaid, Peace Corps, TRICARE, CHAMPVA, or another FEHB enrollment)*, either in your name or under a family member's policy, check yes and complete item 10.

TRICARE is a health care program for active duty and retired members of the uniformed services, their families, and survivors. This includes TRICARE for Life for members age 65 and older.

Item 10. Check or write the name and policy number of any other insurance that covers you. An FEHB/PSHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB/PSHB Self and Family enrollment covers the enrollee and all eligible family members. ***If you or a family member is covered under another FEHB/PSHB enrollment, check the FEHB/PSHB box and STOP.*** Contact OPM immediately as this is a dual coverage situation.

Only for Postal Service annuitants covered under a PSHB plan, if you are claiming an exception from the requirement to enroll in Medicare Part B, or providing documentation that you are not subject to the Medicare Part B requirement, select the reason for this exception from the following five listed options: ***(1)*** Enrolled in Veterans Affairs (VA) healthcare benefits; ***(2)*** Eligible for health services from the Indian Health Service (IHS); ***(3)*** Resides outside the United States - includes the States, District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands; ***(4)*** Enrollee not required to enroll - Postal Service Medicare covered annuitant who was not both entitled to Medicare Part A and enrolled in Part B on January 1, 2025, or was a Postal Service employee who was at least 64 years of age or older on January 1, 2025; or ***(5)*** Medicare A-Section 1818 or 1818A of the Social Security Act [42 U.S.C. 1395i-2, 1395i-2a] (uncommon) - applies to individuals who ***(1)*** pay the full premiums for Part A because they do not meet the requirements for premium-free Medicare Part A and are over age 65 or ***(2)*** pay the full premium for Part A because they are no longer entitled to Social Security Disability Benefits but chose to continue Medicare coverage beyond the disability termination date. Note that some of these exceptions are temporary.

For Postal Service annuitants covered under a PSHB plan, who are electing an exception *(#1 - #5)* from the Medicare Part B requirement, attach the following supporting documentation for the applicable numbered options *(see preceding paragraph)*: ***(1)*** documentation from the VA confirming current enrollment in VA healthcare benefits, ***(2)*** documentation from the IHS confirming eligibility for health services, ***(3)*** documentation confirming residency outside of the United States and its territories, ***(4)*** documentation confirming enrollee not required to enroll in Medicare Part B, or ***(5)*** documentation from the Social Security Administration confirming enrollment in Medicare A-Section 1818 or 1818A of the Social Security Act [42 U.S.C 1395i-2, 1395i-2a] (uncommon).

For more information on exceptions to the PSHB Medicare Part B requirement, visit https://www.opm.gov/healthcare-insurance/pshb/.

Item 11. If applicable, provide your email address.

Item 12. Provide your daytime telephone number.

Note: *Documentation must be provided before any change can be effective such as suspending/cancelling of benefits.*

Part B — Family Member Information

If your enrollment is for Self and Family, or Self Plus One, complete information for your family members. *(If you need extra space for additional family members, list them on a separate sheet and attach.)*

The instructions for completing items 13 through 24 for your initial family member also apply to the information you provide for additional family members in items 25 through 48.

Item 13. Enter the legal name of the family member.

Item 14. Please provide Social Security numbers for your dependents, if they have one. If your dependents do not have Social Security numbers, leave blank; benefits will not be withheld. *(See Privacy Act Statement on page 5.)*

Item 15. Provide the date of birth of the family member.

Item 16. You must select a sex option of "Male" or "Female" that corresponds with the biological sex at birth of the family member.

Item 17. Provide the code which indicates the relationship of each family member to you.

Code	Family Relationship
01	Spouse
19	Child under age 26
09	Adopted Child

Code	Family Relationship
17	Stepchild
10	Foster Child
99	Disabled child age 26 or older who is incapable of self-support because of a physical or mental disability that began before their 26th birthday.

Item 18. If your family member does not live with you, enter their home address.

Item 19. If a family member has Medicare, check which Parts they have, including prescription drug coverage under Medicare Part D. ***Medicare covered family members covered under PSHB are required to enroll in Medicare Part B. The only applicable five exceptions to the Medicare Part B requirement are listed in the second paragraph in the instructions for Item 22 shown below.***

Item 20. If your family member has Medicare, enter their Medicare Beneficiary Identifier. This number is on their Medicare card.

Item 21. Indicate whether the family member has health coverage other than Medicare.

Item 22. If a family member has TRICARE, or other group insurance *(see item 9)*, check the box. Give the name and policy number of any other insurance this family member has. If the family member is covered under another FEHB/PSHB enrollment, contact OPM immediately as this is a dual coverage situation *(see item 10)*.

Only for Postal Service annuitants covered under a PSHB plan, if your Medicare covered family member is claiming an exception from the requirement to enroll in Medicare Part B, or providing documentation that you are not subject to the Medicare Part B requirement, select the reason for this exception from the following five listed options: ***(1)*** Enrolled in Veterans Affairs (VA) healthcare benefits; ***(2)*** Eligible for health services from the Indian Health Service (IHS); ***(3)*** Resides outside the United States - includes the States, District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands; ***(4)*** Enrollee not required to enroll - Postal Service Medicare covered annuitant who was not both entitled to Medicare Part A and enrolled in Part B on January 1, 2025, or was a Postal Service employee who was at least 64 years of age or older on January 1, 2025; or ***(5)*** Medicare A-Section 1818 or 1818A of the Social Security Act [42 U.S.C. 1395i-2, 1395i-2a] (uncommon) - applies to individuals who ***(1)*** do not meet the requirements for premium free Medicare Part A and are over age 65 or ***(2)*** pay the full premium for Part A because they are no longer entitled to Social Security Disability Benefits but chose to continue Medicare coverage beyond the disability termination date. Note that some of these exceptions are temporary.

For family member(s) of Postal Service annuitants covered under a PSHB plan, who are electing an exception *(#1 - #5)* from the Medicare Part B requirement, attach the following supporting documentation for the applicable numbered options *(see preceding paragraph)*: ***(1)*** documentation from the VA confirming current enrollment in VA healthcare benefits, ***(2)*** documentation from the IHS confirming eligibility for health services, ***(3)*** documentation confirming residency outside of the United States and its territories, ***(4)*** documentation confirming enrollee not required to enroll in Medicare Part B, or ***(5)*** documentation from the Social Security Administration confirming enrollment in Medicare A-Section 1818 or 1818A of the Social Security Act [42 U.S.C. 13951-2, 1395i-2a] (uncommon).

For more information on exceptions to the PSHB Medicare Part B requirement, visit https://www.opm.gov/healthcare-insurance/pshb/.

Item 23. Enter email address, if applicable, for your spouse or adult child.

Item 24. Enter the preferred telephone number, if applicable, for your spouse or adult child.

Family Members Eligible for Coverage

Unless you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One enrollment include one eligible family member *(spouse or child under age 26)* designated by you. A Self and Family enrollment includes you and all of your eligible family members.

Eligible children include your children born within marriage or adopted children; stepchildren, biological children, or foster children who live with you in a regular parent-child relationship.

Other relatives *(for example, your parents)* are ***not*** eligible for coverage even if they live with you and are dependent upon you.

If you are a former spouse or survivor annuitant, family members eligible for coverage under your Self Plus One or Self and Family enrollment are the biological or adopted children under age 26 of ***both you and your former or deceased spouse***.

In some cases, a disabled child age 26 or older is eligible for coverage under your Self Plus One or Self and Family enrollment if you provide adequate medical certification of a mental or physical disability that existed before their 26th birthday and renders the child incapable of self-support.

Note: *Documentation must be provided before any change can be effective such as for adding/removing family members or suspending/cancelling of benefits. The Office of Personnel Management (OPM) can give you additional details about family member eligibility including any certification or documentation that may be required for coverage.*

Survivor Benefits

For your surviving family members to continue FEHB Program enrollment after your death, all of the following requirements must be met:

Self Plus One

- You must have been enrolled for Self Plus One at the time of your death; and
- Your designated family member must be entitled to an annuity as your survivor.

Note: *The only survivor eligible to continue the health benefits enrollment is the designated family member covered under the FEHB Program on the date of death as long as that individual is entitled to a survivor annuity. No other family members are entitled to continue the enrollment even though they may be entitled to a survivor annuity.*

Self and Family

- You must have been enrolled for Self and Family at the time of your death; and
- At least one family member must be entitled to an annuity as your survivor.

Note: *All of your survivors who meet the definition of "family member" can continue their health benefits coverage under your enrollment as long as any one of them is entitled to a survivor*

annuity. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to Self Only.

Part C — FEHB/PSHB Plan You Are Currently Enrolled In

You must complete this part if you are changing, canceling, or suspending your enrollment.

- Enter the enrollment code of the plan you are currently enrolled in, found on your ID card.

Part D — FEHB/PSHB Plan You Are Enrolling In or Changing To

Complete this part to enroll or change your enrollment in the FEHB Program.

- Enter the enrollment code of the plan you are enrolling in or changing to. The enrollment code is on the front cover of the brochure of the plan you want to be enrolled in and shows the plan and option you are electing and whether you are enrolling for Self Only, Self Plus One, or Self and Family.

To enroll in a Health Maintenance Organization (HMO), you must live *(or in some cases work)* in the geographic area specified by the carrier.

To enroll in an employee organization plan, you must be or become a member of the plan's sponsoring organization, as specified by the carrier.

Your signature in Part G authorizes deductions from your annuity to cover the cost of the enrollment you elect in this section, unless you are required to make direct payments.

Part E — Event That Permits You to Enroll, Change, or Cancel

Item 1. Enter the event code that permits you to enroll, change, or cancel based on open season or a Qualifying Life Event (QLE) from the Table of Permissible Changes in Enrollment starting on page 6.

Explanation of Table of Permissible Changes in Enrollment

The tables on pages 6 through 9 illustrate when an annuitant, former spouse, or person eligible for Temporary Continuation of Coverage (TCC) may enroll or change enrollment. The tables show those permissible events that are found in the FEHB Program regulations at 5 CFR Parts 890 and 892.

The tables have been organized by enrollee category. Each category is designated by a number, which identifies the enrollee group, as follows:

2. Annuitants, including individuals receiving monthly compensation from the Office of Workers' Compensation Programs in lieu of their retirement benefit;
3. Former spouses eligible for coverage under the Spouse Equity provisions of FEHB law;
4. TCC enrollees; and
5. Reemployed annuitants and Survivor annuitants who are eligible for FEHB coverage unless you waive participation in premium conversion.

Following each number is a letter which identifies open season or a specific Qualifying Life Event (QLE); for example, the event code 2A refers to open season.

Item 2. Enter the date of the QLE using numbers to show month, day, and complete year; e.g., 06/30/2021. If you are electing to enroll, enter the date you became eligible to enroll *(for example, the date your annuity was restored)*. If you are making an open season enrollment or change, enter the date on which the open season begins.

Part F — Election to Suspend/Cancel

You must ***SELECT*** a box only if you wish to suspend or cancel your enrollment in the FEHB Program. Also enter your current enrollment code in Part C.

You may suspend your enrollment in the FEHB Program because you are enrolling in one of the following programs:

- A Medicare HMO or Medicare Advantage plan;
- Medicaid or similar State-sponsored program of medical assistance for individuals with limited income and resources;
- TRICARE *(including Uniformed Services Family Health Plan or TRICARE for Life)*;
- Peace Corps; or
- CHAMPVA.

You must submit documentation of eligibility for coverage under the non-FEHB Program to OPM.

You can reenroll in the FEHB Program if your other coverage ends. If your coverage ends ***involuntarily***, you can reenroll 31 days before through 60 days after loss of coverage. If you want to reenroll in the FEHB Program for a reason other than an involuntary loss of coverage, you may do so during the next open season.

SELECT the last box only if you wish to cancel your enrollment in the FEHB Program for reasons other than to be covered under a FEHB Program of a spouse. Also enter the enrollment code for your current plan in Part C. *Be sure to read the information below in the paragraph titled* ***"Annuitants Who Cancel Their Enrollment."***

Annuitants Who Cancel Their Enrollment

Generally, you cannot reenroll as an annuitant unless you are continuously covered as a family member under another person's enrollment in the FEHB Program during the period between your cancellation and reenrollment. OPM can advise you on events that allow eligible annuitants to reenroll. If you cancel your enrollment because you are covered under another FEHB Program enrollment, you can reenroll from 31 days before through 60 days after you lose that coverage under the other enrollment.

If you cancel your enrollment for any other reason, you cannot reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

Former Spouses *(Spouse Equity)* Who Cancel Their Enrollment

Generally, if you cancel your enrollment in the FEHB Program as a former spouse, you cannot reenroll. However, if you cancel the enrollment because you become covered under a FEHB/PSHB plan as a new spouse, your eligibility for FEHB Program coverage under the Spouse Equity provisions continues. You may reenroll as a former spouse from 31 days before through 60 days after you lose coverage under the other FEHB/PSHB plan.

If you cancel your enrollment for any other reason, you cannot reenroll, and you and any family members covered by your enrollment are not entitled to a 31-day temporary extension of coverage or to convert to an individual policy.

Part G — Signature

Your retirement system cannot process your request unless you complete this part.

If you are registering for someone else as their OPM appointed and approved Representative Payee, sign your name in Part G.

If you are registering as the court-appointed guardian or conservator for an FEHB eligible enrollee, sign your name in Part G and attach a

certified copy of your court-appointed guardianship or conservatorship.

General Information

Dual Enrollment

No person (enrollee or family member) is entitled to receive benefits under more than one enrollment in the Federal Employees Health Benefits (FEHB) Program. Normally, you are not eligible to enroll as an annuitant under your own enrollment and be covered as a family member under someone else's enrollment in the FEHB Program. However, such dual enrollments may be permitted under certain circumstances in order to:

- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment to enroll in FEHB to cover their own spouse and/or child;
- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment, but lives outside their parent's HMO service area, to have FEHB coverage; or
- Enable an employee who separates or divorces to enroll in FEHB to cover family members who move outside the HMO service area of the covering FEHB Self Plus One or Self and Family enrollment.

In these unusual situations, each enrollee must notify their plan as to which family members are covered under which enrollment.

Enrollment in an HMO *(Prepaid)* Plan

To enroll in an HMO plan, you must live *(or in some cases work)* in the plan's enrollment area as stated in the plan brochure.

Enrollment in a Fee-for-Service Plan

If you enroll in a fee-for-service plan sponsored by an employee organization, you must be *(or become)* a member of the organization that sponsors the plan. Your membership will be verified.

Self Only Enrollment

A Self Only enrollment provides benefits just for you.

Self Plus One and Self and Family Enrollment

A Self Plus One and Self and Family enrollment provides benefits for you and your family as described on page 1.

If your current enrollment is Self Only, you must change to a Self Plus One or Self and Family enrollment if you want to provide coverage for an eligible family member. See the table starting on page 6 for events which allow you to change to a Self Plus One or Self and Family enrollment.

Changes in Enrollment

After OPM processes your request to enroll or change your enrollment, OPM will send you written confirmation. Your health plan will mail a new identification (I.D.) card to you as soon as possible *(OPM does not issue I.D. cards)*. If you should need health services before you receive your new I.D. card, show the written confirmation you receive from OPM to the doctor or hospital. They can then verify your new coverage with the plan.

Suspension or Cancellation of Enrollment

You may suspend or cancel your enrollment at any time for one of several reasons.

If you suspend your FEHB Program enrollment to be covered by a Medicare Advantage plan, Medicaid or a similar State-sponsored program of medical assistance for individuals with limited income and resources, TRICARE *(including Uniformed Services Family Health Plan or TRICARE for Life)*, Peace Corps, or CHAMPVA, you will be eligible to enroll in the FEHB Program if any of the above coverage ends.

If you cancel your enrollment because you are going to be continuously covered as a family member under another person's enrollment in the FEHB Program, you will be eligible to reenroll if you lose coverage under that family member's enrollment.

Reenrollment Eligibility

If you suspend or cancel your enrollment for the reasons described above, you may voluntarily reenroll in the FEHB Program during an annual open season.

If you suspend your enrollment to be covered by a Medicare Advantage plan, Medicaid or a similar State-sponsored program of medical assistance for individuals with limited income and resources, TRICARE, Peace Corps, or CHAMPVA coverage, you can reenroll in the FEHB Program effective the day after your coverage ends. Your request to reenroll must be received at OPM within the period beginning 31 days before and ending 60 days after your coverage ends. Otherwise, you must wait until open season to reenroll.

If you cancel your enrollment in a FEHB/PSHB plan for a reason other than becoming covered under another FEHB/PSHB plan, you cannot later reenroll, and you and any family members will not be entitled to a temporary extension of coverage or conversion to individual coverage.

Effective Dates of Changes

1. Open season changes for annuitants take effect January 1.
2. Non-open season changes *(except cancellations)* take effect the first day of the month following the month in which OPM receives your OPM Form 2809. ***Note:*** A change from Self Only to Self and Family due to the birth of a child or addition of a child as a new family member is effective the first day of the month in which the child is born or becomes an eligible family member.
3. ***Cancellations:*** Your cancellation will take effect the last day of the month in which OPM receives your completed OPM Form 2809.

Future Changes in Your Status

When your home or mailing address changes, you need to notify the Office of Personnel Management immediately. Call our toll-free number 1-888-767-6738. Hearing impaired users should use the Federal Relay Service by dialing 711 or their local communications provider to reach a Communications Assistant. A change can also be reported by writing to the Retirement Operations Center, U.S. Office of Personnel Management, P.O. Box 45, Boyers, PA 16017-0045. Be sure to include your new address, your name, and your retirement claim number. You also need to notify your health benefits plan. If the family member(s) covered by your health benefits enrollment change, you must inform your health benefits plan. **You must notify OPM immediately if you become the only person covered by Self Plus One, or a Self and Family enrollment so that your enrollment can be changed to Self Only.** You must also inform OPM if you change your name or add family members.

For more information, call our toll-free number 1-888-767-6738, write to us, or visit us online.

Mailing Address: Retirement Operations Center, U.S. Office of Personnel Management, P.O. Box 45, Boyers, PA 16017-0045

Websites: General Information - www.opm.gov/retirement-center/; Submit Help Request - www.opm.gov/support/retirement/contact

Tables of Permissible Changes in FEHB Program Enrollment

Enrollment May Be Cancelled or Changed From Self and Family to Self Plus One or Self Only or from Self Plus One to Self Only at Any Time

QLE's That Permit Enrollment or Change		***Change Permitted***				***Time Limits***
Event Code	*Event*	*From Not Enrolled to Enrolled*	*From Self Only to Self Plus One or Self and Family*	*From One Plan or Option to Another*	*Switch Designated Family Member*	*When You Must File Health Benefits Election Form With the Office of Personnel Management*
2	**Annuitant/Survivor Annuitant** ***Note for enrolled survivor annuitants:*** *A change in family status based on additional family members can only occur if the additional eligible family members are family members of the deceased employee or annuitant.*					
2A	Open Season	No	Yes	Yes	Yes	As announced by OPM.
2B	Change in family status; for example: marriage, birth or death of family member, adoption, or divorce. *Note: Survivor's cannot change plans because of the death of the annuitant.*	No	Yes	Yes	Yes	From 31 days before through 60 days after the event.
2C	Reenrollment of annuitant who suspended FEHB Program enrollment to enroll in a Medicare Advantage plan, Medicaid or similar State-sponsored program, or to use TRICARE *(including Uniformed Services Family Health Plan and TRICARE for Life)*, Peace Corps, or CHAMPVA, and who later ***involuntarily*** loses this coverage under one of these programs loses this coverage under one of these programs.	May reenroll	N/A	N/A	No	From 31 days before through 60 days after the involuntary loss of coverage.
2D	Reenrollment of annuitant who suspended FEHB Program enrollment to enroll in a Medicare Advantage plan, Medicaid or similar State-sponsored program, or to use TRICARE *(including Uniformed Services Family Health Plan or TRICARE for Life)*, Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May reenroll	N/A	N/A	No	During open season.
2E	Restoration of annuity payments; for example: • Disability annuitant who was enrolled in the FEHB Program, and whose annuity terminated due to restoration of earning capacity or recovery from disability, and whose annuity is restored; • Surviving spouse who was covered by the FEHB Program immediately before survivor annuity terminated because of remarriage and whose annuity is restored; • Surviving child who was covered by the FEHB Program immediately before survivor annuity terminated because student status ended and whose survivor annuity is restored; or • Surviving child who was covered by the FEHB Program immediately before survivor annuity terminated because of marriage and whose survivor annuity is restored.	Yes	N/A	N/A	No	Within 60 days after the retirement system mails a notice of insurance eligibility.
2F	Annuitant or eligible family member loses FEHB Program coverage due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.
2G	Annuitant or eligible family member loses coverage under another group insurance plan, for example: • Loss of coverage under another Federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB/PSHB plan; • Loss of coverage under Medicaid or similar State-sponsored program *(but see events 2C and 2D)*; or • Loss of coverage under a non-Federal health plan.	No	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
2H	Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB/PSHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.

QLE's That Permit Enrollment or Change		*Change Permitted*				*Time Limits*
Event Code	*Event*	*From Not Enrolled to Enrolled*	*From Self Only to Self Plus One or Self and Family*	*From One Plan or Option to Another*	*Switch Designated Family Member*	*When You Must File Health Benefits Election Form With the Office of Personnel Management*
2I	Annuitant or covered family member in a Health Maintenance Organization (HMO) moves outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves farther from this area.	N/A	Yes	Yes	Yes	When you or a family member notifies OPM of a change of address outside the plan's service area.
2J	Employee in an overseas post of duty retires or dies.	No	Yes	Yes	Yes	Within 60 days after retirement or death.
2K	An enrolled annuitant separates from duty after serving 31 days or more in a uniformed service.	N/A	Yes	Yes	No	Within 60 days after separation from the uniformed service.
2L	On becoming eligible for Medicare. *(This change may be made only once in a lifetime.)*	N/A	No	Yes	No	At any time beginning on the 30th day before becoming eligible for Medicare.
2M	Annuity is not sufficient to make withholding for the FEHB/PSHB plan in which enrolled.	N/A	No	Yes	No	OPM will advise annuitant of the options.
3	**Former Spouse Under the Spouse Equity Provisions** ***Note:*** *Former spouse may change to Self Plus One or Self and Family only if family members are also eligible family members of the annuitant.*					
3A	Initial opportunity to enroll. Former spouse must be eligible to enroll under the authority of the Civil Service Retirement Spouse Equity Act of 1984 *(P.L. 98-615)*, as amended, the Intelligence Authorization Act of 1986 *(P.L. 99-569)*, or the Foreign Relations Authorization Act, Fiscal Years 1988 and 1989 *(P.L. 100-204)*.	Yes	N/A	N/A	N/A	Generally, must apply within 60 days after dissolution of marriage. However, if a retiring employee elects to provide a former spouse annuity or insurable interest annuity for the former spouse, the former spouse must apply within 60 days after OPM's notice of eligibility for the FEHB Program. May enroll any time after OPM establishes eligibility.
3B	Open Season.	No	Yes	Yes	Yes	As announced by OPM.
3C	Change in family status based on addition of family members who are also eligible family members of the annuitant.	No	Yes	Yes	Yes	From 31 days before through 60 days after change in family status.
3D	Reenrollment of former spouse who suspended enrollment in the FEHB Program to enroll in a Medicare Advantage plan, Medicaid or similar State-sponsored program, or to use TRICARE *(including Uniformed Services Family Health Plan or TRICARE for Life)*, Peace Corps, or CHAMPVA, and who later ***involuntarily*** loses this coverage under one of these programs.	May reenroll	N/A	N/A	Yes	From 31 days before through 60 days after involuntary loss of coverage.
3E	Reenrollment of former spouse who suspended enrollment in the FEHB Program to enroll in Medicare Advantage plan, Medicaid or similar State-sponsored program, or to use TRICARE *(including Uniformed Services Family Health Plan or TRICARE for Life)*, Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May reenroll	N/A	N/A	No	During open season.
3F	Former spouse or eligible child loses FEHB Program coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage

QLE's That Permit Enrollment or Change		*Change Permitted*				*Time Limits*
Event Code	*Event*	*From Not Enrolled to Enrolled*	*From Self Only to Self Plus One or Self and Family*	*From One Plan or Option to Another*	*Switch Designated Family Member*	*When You Must File Health Benefits Election Form With the Office of Personnel Management*
3G	Enrolled former spouse or eligible child loses coverage under another group insurance plan; for example: • Loss of coverage under another Federally-sponsored health benefits program; *Note: Former spouses who previously suspended a FEHB/PSHB plan to use a Medicare Advantage plan, TRICARE, Peace Corps, or CHAMPVA, see codes 3D and 3E.* • Loss of coverage under Medicaid or similar State-sponsored program; *Note: Former spouses who previously suspended a FEHB/PSHB plan to use Medicaid or a similar State-sponsored program (see codes 3D and 3E).* • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB/PSHB plan; • Loss of coverage under a non-Federal health plan.	N/A	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
3H	Former spouse or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB/PSHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
3I	Former spouse or covered family member in a Health Maintenance Organization (HMO) moves outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves farther from this area.	N/A	Yes	Yes	Yes	When you or a family member notifies OPM of a change of address outside the plan's service area.
3J	On becoming eligible for Medicare *(This change may be made only once in a lifetime.)*	N/A	No	Yes	No	At any time beginning the 30th day before becoming eligible for Medicare.
3K	Former spouse's annuity is not sufficient to make withholdings for a FEHB/PSHB plan in which enrolled.	No	No	Yes	No	Retirement system will advise former spouse of options.
4	**Temporary Continuation of Coverage (TCC) for Eligible Former Employees, Former Spouses and Children** ***Note:*** *Former spouse may change to Self Plus One or Self and Family only if family members are also eligible family members of the annuitant.*					
4A	Opportunity to enroll for continued coverage under TCC provisions: • Former spouse • Child who ceases to qualify as a family member	Yes Yes	N/A N/A	N/A N/A	N/A	Within 60 days after the qualifying event, or receiving notice of eligibility, whichever is later.
4B	Open Season: • Former spouse • Child who ceases to qualify as a family member	No No	Yes Yes	Yes Yes	Yes	As announced by OPM.
4C	Change in family status *(except former spouse)*; for example, marriage, birth or death of family member, adoption, or divorce.	No	Yes	Yes	Yes	From 31 days before through 60 days after event.
4D	Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.	No	Yes	Yes	Yes	From 31 days before through 60 days after event.
4E	Reenrollment of a former spouse or child whose TCC enrollment was terminated because of other FEHB/PSHB plan coverage and who loses the other FEHB/PSHB plan coverage before the TCC period of eligibility *(18 or 36 months)* expires.	May reenroll	N/A	N/A	No	From 31 days before through 60 days after event. Enrollment is retroactive to the date of the loss of the other FEHB/PSHB plan coverage.

QLE's That Permit Enrollment or Change		*Change Permitted*				*Time Limits*
Event Code	*Event*	*From Not Enrolled to Enrolled*	*From Self Only to Self Plus One or Self and Family*	*From One Plan or Option to Another*	*Switch Designated Family Member*	*When You Must File Health Benefits Election Form With the Office of Personnel Management*
4F	Enrollee or eligible family member loses coverage under a FEHB/PSHB plan or another group insurance plan; for example: • Loss of coverage under another FEHB/PSHB plan due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment *(but see event 4E)*; • Loss of coverage under another Federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB/PSHB plan; • Loss of coverage under Medicaid or similar State-sponsored program; • Loss of coverage under a non-Federal health plan.	No	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
4G	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB/PSHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
4H	Enrollee or covered family member in a Health Maintenance Organization (HMO) moves outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves farther from this area.	N/A	Yes	Yes	No	When you or a family member notifies OPM of a change of address outside the plan's service area.
4I	On becoming eligible for Medicare. *(This change may be made only once in a lifetime.)*	N/A	No	Yes	No	At any time beginning on the 30th day before becoming eligible for Medicare.
5	**Employees Who Are Not Participating in Premium Conversion**					
5A	Initial opportunity to enroll.	Yes	N/A	N/A	N/A	Within 60 days after becoming eligible.
5B	Open Season	Yes	Yes	Yes	Yes	As announced by OPM
5C	Change in family status; for example: marriage, birth or death of family member, adoption, legal separation, or divorce	Yes	Yes	Yes	Yes	From 31 days before through 60 days after event.
5D	Change in employment status, for example: • Reemployment after a break in service of more than 3 days; • Return to pay status following loss of coverage due to expiration of 365 days of LWOP status or termination of coverage during LWOP; • Return to pay sufficient to make withholdings after termination of coverage during a period of insufficient pay; • Restoration to civilian position after serving in uniformed services; • Change from temporary appointment to appointment that entitles employee receipt of Government contribution; or • Change to or from part-time career employment.	Yes	Yes	Yes	No	Within 60 days of employment status change.
5E	Separation from Federal employment when the employee, or employee's spouse, is pregnant.	Yes	Yes	Yes	No	Enrollment or change must occur during final pay period of employment.
5F	Transfer from a post of duty within the United States to a post of duty outside the United States, or reverse.	Yes	Yes	Yes	Yes	From 31 days before leaving old post through 60 days after arriving at new post.

QLE's That Permit Enrollment or Change		*Change Permitted*				*Time Limits*
Event Code	*Event*	*From Not Enrolled to Enrolled*	*From Self Only to Self Plus One or Self and Family*	*From One Plan or Option to Another*	*Switch Designated Family Member*	*When You Must File Health Benefits Election Form With the Office of Personnel Management*
5G	Employee or eligible family member loses coverage under a FEHB/PSHB plan or another group insurance plan, for example: • Loss of coverage under another FEHB/PSHB enrollment due to termination, cancellation, or change to Self Only of the covering enrollment; • Loss of coverage under another Federally-sponsored health benefits program; • Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB/PSHB plan; • Loss of coverage under Medicaid or similar State-sponsored program; or • Loss of coverage under a non-Federal health plan.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.
5H	Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB/PSHB plan.	N/A	Yes	Yes	Yes	During Open Season, unless OPM sets a different time.
5I	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-Federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area through 180 days after arriving in the new commuting area.
5J	Employee or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside the area, moves or becomes employed farther from this area.	N/A	Yes	Yes	Yes	Upon notifying the employing office of the move or change of place employment.
5K	On becoming eligible for Medicare *(This change may be made only once in a lifetime.)*	N/A	No	Yes	No	At any time beginning on the 30th day before becoming eligible for Medicare.
5L	Temporary employee completes one year of continuous service in accordance with 5 U.S.C. Section 8906a.	Yes	N/A	N/A	No	Within 60 days after becoming eligible.
5M	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	No	Within 60 days after receiving notice from employing office.
5N	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.