Background


The purpose of this letter is to note some of the major changes made by the regulations and explain how to implement them. Please note that this letter does not provide guidance on every change made by the regulations as most of the changes are self-explanatory. We have addressed only those that we expect will generate the greatest number of questions from your employees.

General Changes

Following are some of the general changes made to the regulations:

1. The opportunities to enroll and change enrollment are grouped into separate sections for employees, annuitants, former spouses who qualify for FEHB under the Spouse Equity provisions of FEHB law, and individuals who qualify for Temporary Continuation of Coverage (TCC). The employing office must refer to the appropriate section when determining if an individual is eligible to enroll or change enrollment.

2. The opportunities within each section are grouped by similar characteristics, such as change in employment status or loss of other group health insurance coverage.
3. Whenever the effective date of an enrollment or change differs from the general rule for effective dates stated in each section, it is included in the same paragraph as the regulation.

4. The enrollment timeframes have been standardized as much as possible. Any unusual timeframes are noted within the specific regulation.

**NOTE:** For most of the enrollment opportunities, individuals now have up to 60 days after the occurrence of the event to make an election. **Please caution your employees that an individual who takes the full 60 days to enroll will be without Federal Employees Health Benefits (FEHB) coverage until the effective date of the enrollment.** This may be of serious concern to those who are enrolling because of a loss of other group health insurance coverage.

Although taking all of the time allowed by regulation may cause a gap in coverage, OPM will not count this when determining eligibility to continue FEHB after retirement (covered for 5 years immediately before retirement or, if less than five years, for all service since the first opportunity to enroll).

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**Expanded Opportunities**

This section discusses two major changes to the regulations that expand the opportunities to enroll or change enrollment. We expect these will generate the greatest number of questions from your employees. The two major changes are:

1. An employee may enroll or change enrollment if a spouse loses non-Federal health insurance coverage for any reason. Employing offices still need to verify that the spouse lost other group health insurance coverage, but the reason does not matter. Thus, if the employee’s spouse lost coverage because of resignation from employment, or cancellation of coverage, the employee is eligible to enroll or change.

2. An employee who has a change in family status without a change in marital status may enroll. Employing offices still need to determine if the individual to be covered is an eligible family member. Such situations include but are not limited to:

   - birth or acquisition of a child;
   - issuance of a court order specifically requiring an employee to enroll for his or her children or provide health benefits protection for them;
• issuance or termination of a court order granting interlocutory divorce, limited divorce, legal separation, or separate maintenance to the enrollee or spouse;

• entry into or discharge from military service of a spouse or of a child under age 22.

**NOTE:** When an employee enrolls because of the birth or acquisition of a child, the enrollment takes effect on the first day of the pay period in which the child is born or becomes an eligible family member, regardless of whether the enrollee was in pay status the previous pay period. This is the only situation in which an employee who enrolls does not have to be in pay status before the enrollment takes effect.

**Procedures**

We recognize that our reordering of the enrollment opportunities in the regulations may cause some confusion in documenting enrollments and changes on Standard Form (SF) 2809. However, until we complete our revision of the form to more accurately follow the regulations, agencies should continue to use the current form.

When selecting an event number from the chart on SF 2809, employing offices should use the event that is most similar to the regulation that permits the enrollment or change. The new regulation number should be entered in the "Remarks" section.

Following are two examples of how to document SF 2809:

1. If an employee enrolls based on a spouse's loss of non-Federal coverage, employing offices should continue to use event #20. The regulation number that should be entered in "Remarks" is "5 CFR, 890.301(i)(7)."

2. If an employee enrolls based upon loss of Federal Employees Health Benefits (FEHB) coverage due to cancellation of the covering enrollment, employing offices should continue to use event #17. The regulation number that should be entered in "Remarks" is "5 CFR, 890.301(i)(1)."

**Enrollment Code Errors**

Employing offices now have the authority to retroactively correct enrollment code errors made by the enrollee. This gives enrollees who discover that they made an enrollment code error an opportunity to have it corrected. An enrollee who reports an error beyond the specified time frame (see section 890.103(c)) must wait until the next open season.
E. Questions

If you have any questions about this regulatory change, please contact our information staff at (202) 606-0191, or email fehb@OPM.gov.

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