

Disclaimer: The Affordable Care Act entitles tribal employers the right to purchase the coverage, rights, and benefits of the Federal Employees Health Benefits (FEHB) for their tribal employees. The law extends FEHB coverage to tribal employees only. The Standard Form (SF) 2810 was written for Federal employees and not all parts of the SF 2810 apply to tribal employees, such as any reference to annuitants, retirement, or employees' compensation.

Notice of Change in Health Benefits Enrollment, Standard Form (SF) 2810 Guidance For Tribal Employers

This guidance explains why, when, and how the tribal employer must complete the Notice of Change in Health Benefits Enrollment, the SF 2810, for a tribal employee. As explained above, some parts of this form do not apply to tribal employers and tribal employees.

A tribal employer must use the SF 2810 to record an enrollment action that does not require the tribal employee's signature. The tribal employer must provide a copy to the tribal employee, the Tribal Employee Personnel Folder (TEPF) and enter the SF 2810 into the Tribal Insurance Processing System (TIPS). The tribal employer may also provide a copy to the tribal payroll office if that is their established procedure; or otherwise notify their payroll office of a change in premium withholdings, if applicable.

The tribal employer must complete the SF 2810 for tribal employees for the following health benefits actions:

- Termination of FEHB enrollment (but not if a tribal employee elects to cancel)
- Reinstatement of FEHB enrollment

For each of these FEHB health benefits actions, follow this guidance and the "Instructions for Employing Offices" which are located on the back of Copy 4 of the SF 2810. You can download copies of the SF 2810 from our website at www.opm.gov/Forms/pdf_fill/sf2810.pdf. Additional information is also available in the Tribal Handbook in Chapter 4, Eligibility for Health Benefits.

All FEHB plans offer a Self Only, Self Plus One, and Self and Family enrollment type.

NOTE 1: Always provide "Copy 1 – To Enrollee" of the SF 2810 to the tribal employee so that he/she has evidence of his/her change. Advise the tribal employee that the back of Copy 1 contains important instructions regarding his/her health insurance coverage.

NOTE 2: Disregard the following items on the SF 2810 as they do not apply to tribal employees:

- Part C - Transfer In
- Part F - Change in Enrollment-Survivor Annuitant.
- Back of Copy 1, instructions for Part C, paragraphs on "Retirement", "Death", and "Employees' Compensation"

Termination of FEHB Enrollment

- **Complete Parts A, B, and H**
- Part A, item 8 – for tribal employees who begin leave without pay or military service, refer to Chapter 7, Termination and Conversion in the Tribal Handbook for more specific effective date guidance
- For Part B, Termination you **must** provide “Copy 1- To Enrollee” of the SF 2810 to the tribal employee or survivor. The instructions for Part B are the tribal employee’s official notice of the 31-day extension of coverage and obtaining individual insurance coverage
- In case of death, enter the date of tribal employee’s death in Part B
- Enter the SF 2810 information into TIPS; or, if you do not have access to the Internet you may mail or fax the SF2810 to NFC
- File a copy in the the employee’s personnel file.

Reinstatement of FEHB Enrollment

In certain situations, the tribal employer will need to reinstate an FEHB enrollment that was previously terminated.

- **Complete Parts A, D, G, and H**
- Part A, Section 8
 - If a tribal employee is returning to civilian duty after military service, refer to Chapter 9, Military Service, in the Tribal Handbook. The effective date will be either (1) the day the tribal employee is reemployed, or (2) the day after extended TRICARE ends, if the tribal employee waived immediate reinstatement of FEHB to use extended TRICARE
 - If a tribal employee returns to duty after he/she was erroneously suspended without pay for more than 365 days or removed and elects to have FEHB reinstated, the effective date is retroactive to the day after the enrollment was terminated (the tribal employer and the tribal employee must pay the retroactive premiums)
 - If the tribal employee leaves employment and returns to work in the same POI with less than a 5 day break in service.
- In Part G, the Remarks section, enter the event permitting the reinstatement
- Provide “Copy 1 – To Enrollee” of the SF 2810 to tribal employee
- Enter SF 2810 information into TIPS; or, if you do not have access to the Internet you may mail or fax the SF2810 to NFC
- File a copy in the employee’s personnel file.

*If the tribal employer does not have access to the Internet, please fax a copy of the SF 2810 to NFC at 1-504-426-9796 or mail a copy of the SF 2810 to NFC at:

Tribal Insurance Processing System
P.O. Box 60083
New Orleans LA 70161