

Slide 1





This training module was developed and approved by the United States Office of Personnel Management (OPM), the Federal agency that administers the Federal Employees Health Benefits (FEHB) Program. The information in this module was last updated February 2012. This training module is not a legal document. The official FEHB Program provisions are contained in the relevant laws, regulations, and policies that govern it.

This module serves as an introduction and guidance for Tribal Benefits Officers on the Standard Forms 2809 and 2810.

OPM uses the term “tribal employer” to refer to Indian tribes, tribal organizations, and urban Indian organizations. Tribal employers are entitled to purchase coverage, rights, and benefits of the FEHB Program for their tribal employees.

To check for updates on FEHB for tribal employees, go to www.opm.gov/tribalprograms.

Slide 3

The slide features a vertical graphic of the American flag on the left side, showing the stars and stripes. The main content area is a light yellow rectangle with a black border. The word "Agenda" is centered at the top in a bold, black font. Below it is a bulleted list of four items. At the bottom center of the yellow area, the text "UNITED STATES OFFICE OF PERSONNEL MANAGEMENT" is written in a small, blue, sans-serif font.

Agenda

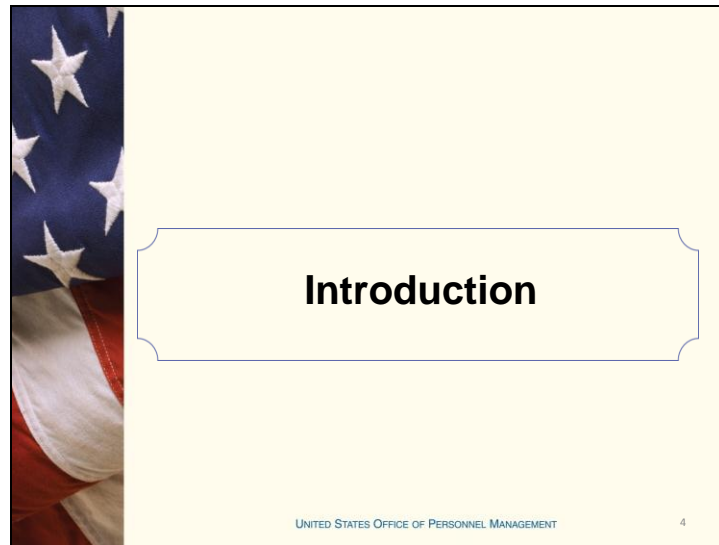
- Introduction
- SF 2809 Actions
- SF 2810 Actions
- Resources

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This presentation has a limited, specific focus.

- Introduction – Slides 4-9
- SF 2809 Actions – Sides 10-19
- SF 2810 Actions - Slides 20-31
- Resources – Slides 32-34

Slide 4



There are 2 forms used in the FEHB Program:

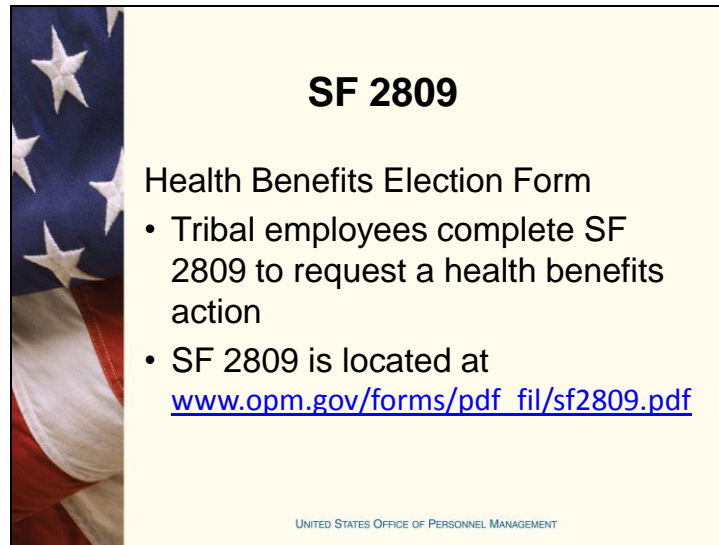
- Standard Form (SF) 2809 and
- Standard Form (SF) 2810.

In this presentation, we will explain:

- How to access each form
- The purpose of each form
- Who should use each form
- How the user completes the form
- How the copies of the form are distributed
- How the form must be processed

The SF 2809 is available at www.opm.gov/forms/pdf_fil/sf2809.pdf.

The SF 2810 is available at www.opm.gov/forms/pdf_fil/sf2810.pdf.

The slide features a vertical image of the American flag on the left side. The main content is on a light yellow background. At the top center, the text "SF 2809" is displayed in a bold, black font. Below this, the title "Health Benefits Election Form" is centered. A bulleted list follows, containing two items: "Tribal employees complete SF 2809 to request a health benefits action" and "SF 2809 is located at" followed by a blue underlined URL: www.opm.gov/forms/pdf_fil/sf2809.pdf. At the bottom center, in a small, light blue font, is the text "UNITED STATES OFFICE OF PERSONNEL MANAGEMENT".

SF 2809

Health Benefits Election Form

- Tribal employees complete SF 2809 to request a health benefits action
- SF 2809 is located at www.opm.gov/forms/pdf_fil/sf2809.pdf

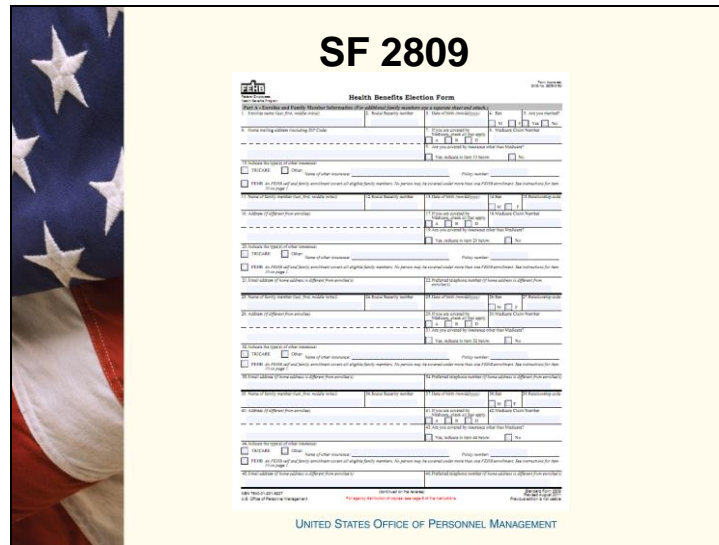
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The SF 2809 is completed by employees to request a health benefits action and the next section focuses on the usage of this form.

The Affordable Care Act is the law that entitles tribal employers the right to purchase the coverage, rights, and benefits of the FEHB Program for their tribal employees. The Affordable Care Act extends FEHB coverage to tribal employees only. It does not extend coverage to tribal retirees or former tribal employees who have retired.


Because the SF 2809 was written for Federal employees and retirees, not all parts of the form apply to tribal employers and employees, including the references to annuitants, retirees, and suspension of benefits.

Slide 6



The image shows a document titled "SF 2809 Health Benefits Election Form" from the United States Office of Personnel Management. The document is a form for tribal employers and employees to elect health benefits. It includes sections for "Employer Information", "Employee Information", and "Benefit Election". The form is divided into three main sections, each with a "Number of family members" field and a "Benefit Election" section. The form is titled "SF 2809" in large bold letters at the top. The OPM logo is in the top left corner. The text "UNITED STATES OFFICE OF PERSONNEL MANAGEMENT" is at the bottom. The form is set against a background of an American flag on the left and a yellow background on the right.

OPM has developed a detailed, step-by-step guidance document for tribal employers, and a guidance document for tribal employees. Both guidance SF 2809 documents are on OPM's tribal webpage www.opm.gov/tribalprograms. It will be helpful to look at an actual SF 2809 as we discuss the usage of the form. A copy of the SF 2809 can be found at http://www.opm.gov/Forms/pdf_fill/sf2809.pdf.



SF 2810

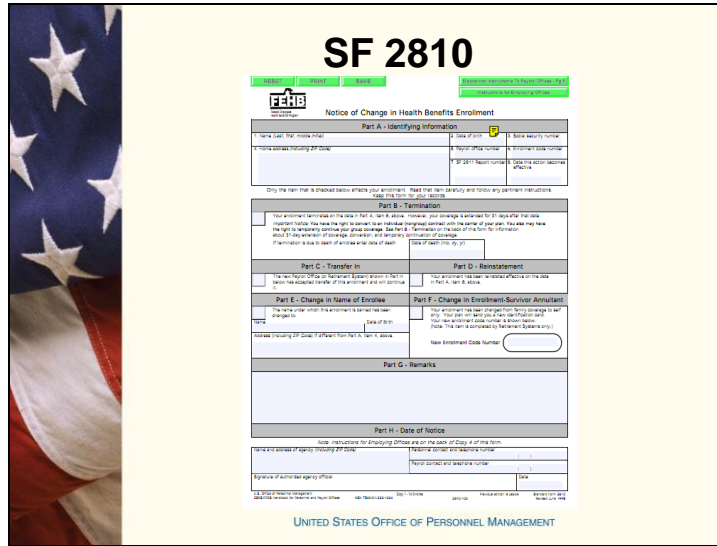
Notice of Change in Health Benefits Enrollment

- Tribal employing office completes SF 2810 to process an action that does not require the tribal employee's signature
- SF 2810 is located at:
www.opm.gov/forms/pdf_fil/sf2810.pdf

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The SF 2810 is completed by the tribal employing office to process actions that do not require the tribal employee's signature. We will be discussing the usage of this form later in the presentation.

The SF 2810 was written for Federal employees and retirees, not all parts of the form apply to tribal employers and employees, including the references to retirement, annuitants, and employees' compensation.



The image shows a sample of the SF 2810 form, titled "Notice of Change in Health Benefits Enrollment". The form is divided into several sections: Part A - Identifying Information, Part B - Termination, Part C - Transfer In, Part D - Reinstatement, Part E - Change in Name of Enrollee, Part F - Change in Enrollment-Survivor Annuitant, Part G - Remarks, and Part H - Date of Notice. The form includes fields for Name (Last, First, Middle), Social Security Number, Agency, and various checkboxes for enrollment changes. It also features a signature line for the Agency Office and a date field. The form is set against a background of a yellow wall and a portion of an American flag on the left side.

The SF 2810 is the Notice of Change in Health Benefits Enrollment. It will be helpful to look at an actual SF 2810 as we discuss the usage of this form.

OPM has developed a detailed, step-by-step guidance document for tribal employers to use the SF 2810 and it is on OPM's tribal webpage at www.opm.gov/tribalprograms.

A copy of the SF 2810 can be found at http://www.opm.gov/Forms/pdf_fill/sf2810.pdf.



Processing Responsibilities

- Tribal employer
- National Finance Center (NFC)
- FEHB health plan

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After a tribal employee completes an SF 2809 and submits it to the tribal employer, the form must be processed. Likewise, once the Tribal Benefits Officer completes an SF 2810, the form must be processed.

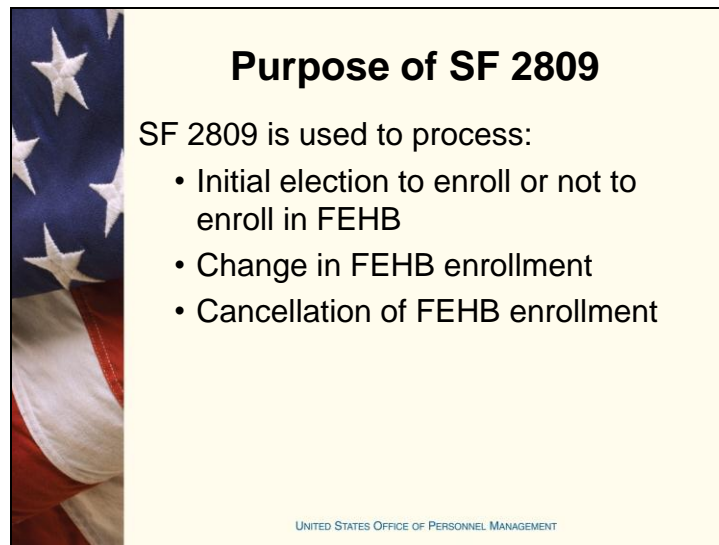
Three entities have responsibilities in processing the SF 2809 and SF 2810:

- The tribal employer enters data from SF 2809 and SF 2810 into the electronic Tribal Insurance Processing System (TIPS), and transmits the data to NFC.
- NFC processes the data and transmits it to the FEHB health plans.
- THE FEHB health plans adjust their enrollment records to reflect the data received from NFC and provide benefits accordingly.

Slide 10



In this section, we discuss events requiring completion of an SF 2809 and how the tribal employer processes SF 2809 actions.



Purpose of SF 2809

SF 2809 is used to process:

- Initial election to enroll or not to enroll in FEHB
- Change in FEHB enrollment
- Cancellation of FEHB enrollment

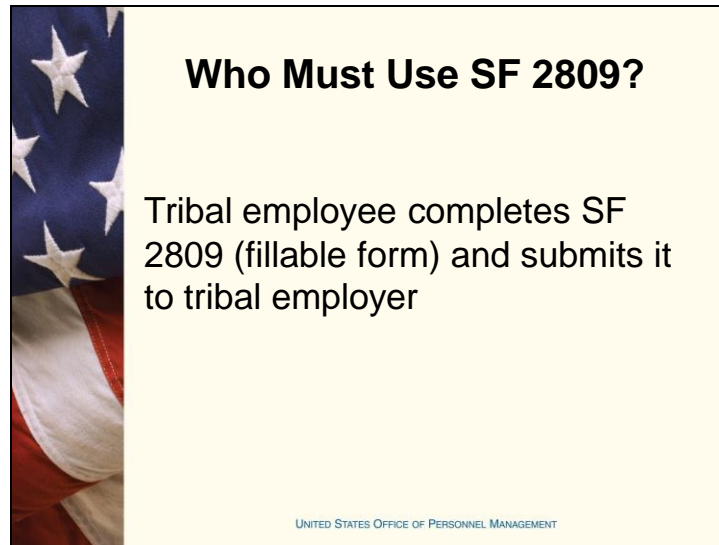
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Tribal employees must complete an SF 2809 to enroll or not to enroll in the FEHB Program, change their FEHB enrollment from one plan or plan option to another, or change their type of coverage (e.g., Self Only to Self & Family), or cancel their FEHB enrollment. Tribal employers must:

- Obtain the SF 2809 for tribal employees and provide a copy to all eligible employees
- Provide tribal employees a copy of the 2809 Guidance for Tribal Employees
- Answer tribal employees' questions about the SF 2809

Tribal employers can obtain the SF 2809 for employees at www.opm.gov/forms/pdf_fil/sf2809.pdf. If the tribal employer does not have Internet access, they can request a copy of the SF 2809 be mailed to them by calling Tribal Programs at (202) 606-2530. Tribes can use this copy to make additional copies

Tribal employers should answer tribal employees' questions about the SF 2809 and direct them to the SF 2809 Guidance for Tribal Employees at www.opm.gov/tribalprograms.



Who Must Use SF 2809?

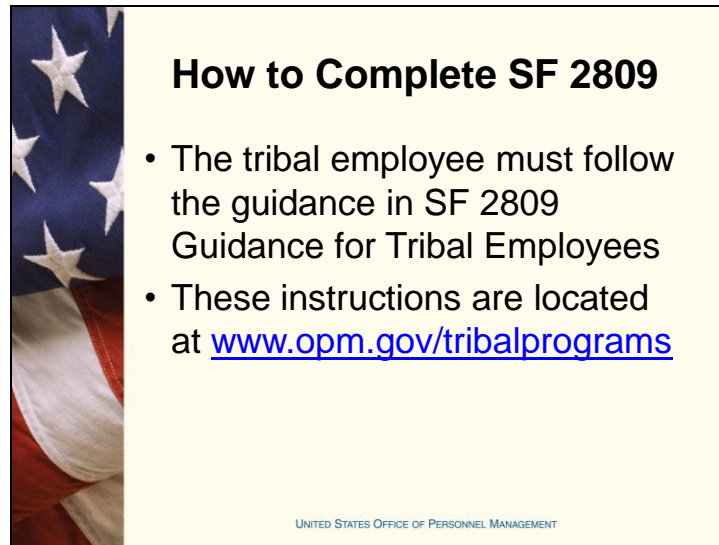
Tribal employee completes SF 2809 (fillable form) and submits it to tribal employer

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During the Initial Enrollment Opportunity, each eligible tribal employee must complete an SF 2809 to elect either to enroll or not to enroll in the FEHB Program.

OPM requires each eligible tribal employee to complete an SF 2809 because it provides an accurate record of a tribal employee's decision. Tribal employees with internet access can use the screen fillable form.

Tribal employers should immediately process all tribal employees' elections for coverage. This will help expedite the tribal employees' receipt of their health insurance identification cards.



How to Complete SF 2809

- The tribal employee must follow the guidance in SF 2809 Guidance for Tribal Employees
- These instructions are located at www.opm.gov/tribalprograms


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This guidance explains how a tribal employee must complete the Health Benefits Election Form, the SF 2809.

A tribal employee must complete the SF 2809 in order to:

- enroll in the FEHB Program during his/her Initial Enrollment Opportunity
- enroll, change, or cancel their FEHB enrollment during the annual Open Season
- enroll, change, or cancel their FEHB enrollment if they experience a Qualifying Life Event (QLE)

For more information on the Initial Enrollment Opportunity, Open Season, and Qualifying Life Events, see the training module on enrollment.




How the Tribal Employer Must Process SF 2809

- Ensure tribal employee is eligible to enroll, change enrollment, or cancel
- Make sure the tribal employee has accurately completed Parts A-H of SF 2809
- Inform employee of any inconsistency

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When a tribal employee submits a completed SF 2809, the tribal employer must make sure that the tribal employee accurately completed the applicable sections. Please refer to the SF 2809 Guidance for Tribal Employers for detailed instructions about each part of the form at www.opm.gov/tribalprograms.

The Tribal FEHB Handbook provides valuable information on the FEHB Program as it is administered for tribal employees. The Handbook is located at www.opm.gov/tribalprograms.



How the Tribal Employer Must Process SF 2809 (contd)

- Complete Part I of the SF 2809
- Enter all applicable data from SF 2809 into the Tribal Insurance Processing System (TIPS)
- Enter the date the FEHB enrollment action is effective


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The tribal employer must complete Part I of the SF 2809. Tribal employers input the SF 2809 data into TIPS. If a tribal employer does not have electronic access to TIPS, the tribal employer may fax the SF 2809 to NFC at 504-426-9796.

A tribal employer's billing unit has a four digit identifier and automatically populates when a tribal employer logs onto TIPS. If the user has access to more than one billing unit, make sure the correct billing unit is used. Tribal employers must always ensure the billing unit is entered in the Remarks field of Part I on the paper SF 2809. If the billing unit is not placed in the Remarks section, no action will occur and the tribal employee will not get coverage.

The effective date is the date when FEHB coverage becomes effective for the tribal employee. For example:

- Initial Enrollment Opportunity - the date when coverage is effective for all eligible tribal employees of the same tribal employer. It will be the first day of a month.
- Open Season - January 1st of the following year.
- Qualifying Life Event (QLE) – Generally, the first day of the pay period after the SF 2809 is received and that follows a pay period in which the tribal employee is in a pay status. *Exception:* a change due to the birth or acquisition of a child is effective on the first day of the pay period in which the child was born or acquired. Please refer to Chapter 5, Enrollment, of the Tribal FEHB Handbook.



How the Tribal Employer Must Process SF 2809 (contd)

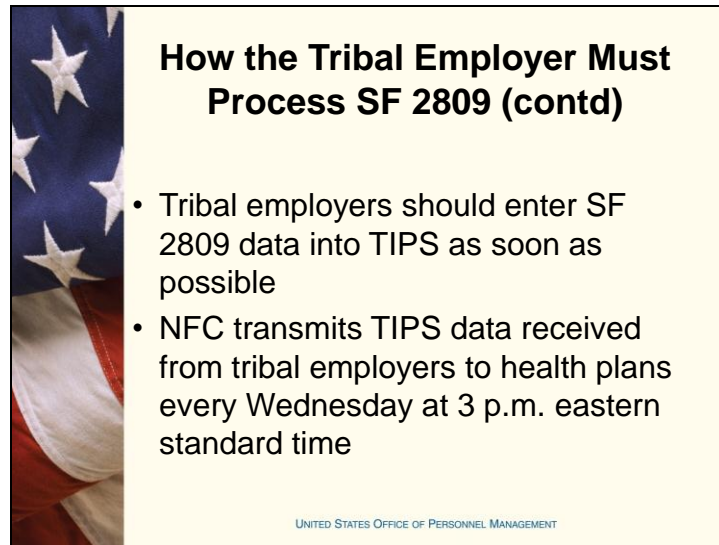
- Give copy of SF 2809 to tribal employee
- Inform tribal employer's payroll office of the enrollment action so correct premiums are withheld
- File copy of SF 2809 in Tribal Employer Personnel Folder

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The tribal employer must give the tribal employee a copy of a completed SF 2809, signed by both the tribal employee and tribal employer, or the TIPS confirmation page. The tribal employee's copy of the SF 2809 or the TIPS confirmation page is acceptable proof of enrollment in an FEHB plan until the tribal employee receives an identification card from the plan.

The tribal employer must also file a copy of the SF 2809 in the Tribal Employer Personnel Folder.

In addition, the tribal employer needs to take whatever action is necessary to inform their payroll office of the enrollment action so that correct premiums are withheld. If the tribal employee is cancelling FEHB enrollment, payroll office notification is necessary to stop premium withholdings.



How the Tribal Employer Must Process SF 2809 (contd)

- Tribal employers should enter SF 2809 data into TIPS as soon as possible
- NFC transmits TIPS data received from tribal employers to health plans every Wednesday at 3 p.m. eastern standard time

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It is very important to process SF 2809 actions as soon as possible so that health plans receive the enrollment action at the earliest possible date.

NFC transmits TIPS data received from tribal employers to health plans every Wednesday at 3 p.m. eastern standard time.

Therefore, the tribal employer must submit this data to NFC by 2:59 p.m. ET to ensure that it is included with the Wednesday transmission.



Family Members


- All eligible family members are automatically covered under a Self and Family enrollment.
- Tribal employer reviews eligibility of family members listed on SF 2809; if needed, corrections should be made
- FEHB plan reviews listed family members; plan may request documentation.

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If a tribal employee with a Self and Family FEHB enrollment fails to list an eligible family member on his/her SF 2809, the family member is still covered. When the omission is discovered, the tribal employee should contact the health plan and provide any documentation that the plan requests to verify the family member's relationship to the tribal employee.

The tribal employer should review the family members listed on the SF 2809 to ensure each family member is eligible under the FEHB Program. Chapter 10, Family Members and Children's Equity, of the Tribal FEHB Handbook provides detailed guidance on eligibility requirements for family members. If a tribal employee lists an ineligible person on his/her SF 2809, the tribal employer must take action to correct the error and inform the FEHB plan.

The FEHB plan may contact the tribal employee and request additional documentation if it has a question about a family member's eligibility. This may happen if the family member is listed on SF 2809, or if the tribal employee asks to add another family member at a later date.



Family Members (contd)

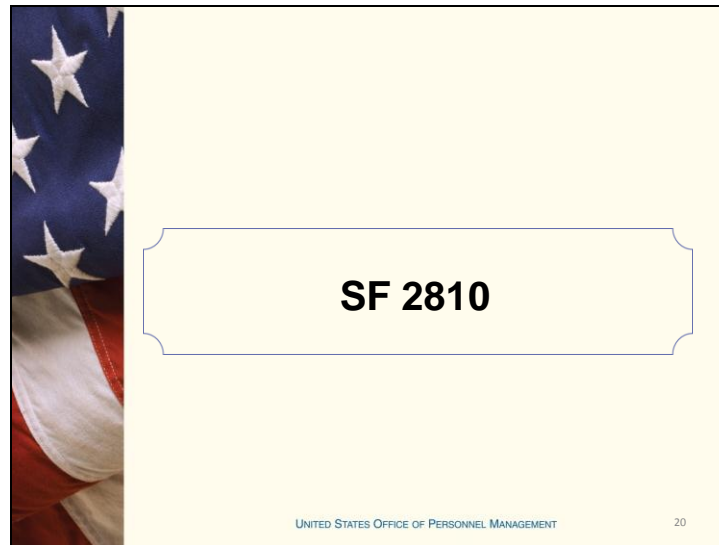
- Enrollee with a Self and Family FEHB enrollment is responsible for telling plan about changes in family members
 - Adding (e.g., birth or adoption of child)
 - Removing (e.g., divorce, child age 26)
- SF 2809 is not required if there is no enrollment code change (e.g., Self Only to Self and Family)

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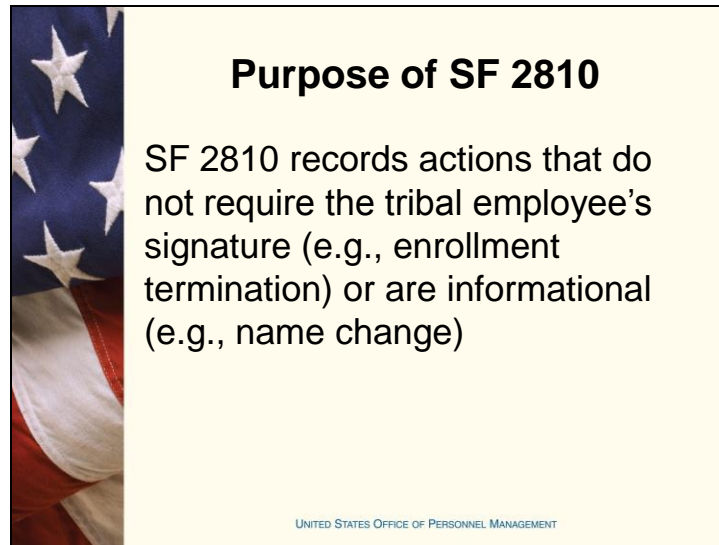
The tribal employee should contact his/her health plan whenever there is a change in a family member's FEHB eligibility. The health plan must be informed when someone gains or loses eligibility.

An SF 2809 is not required if the tribal employee's FEHB enrollment is not changing from Self Only to Self and Family or the reverse.

Slide 20



In this section, we discuss events requiring completion of an SF 2810 and how the tribal employer processes SF 2810 actions.

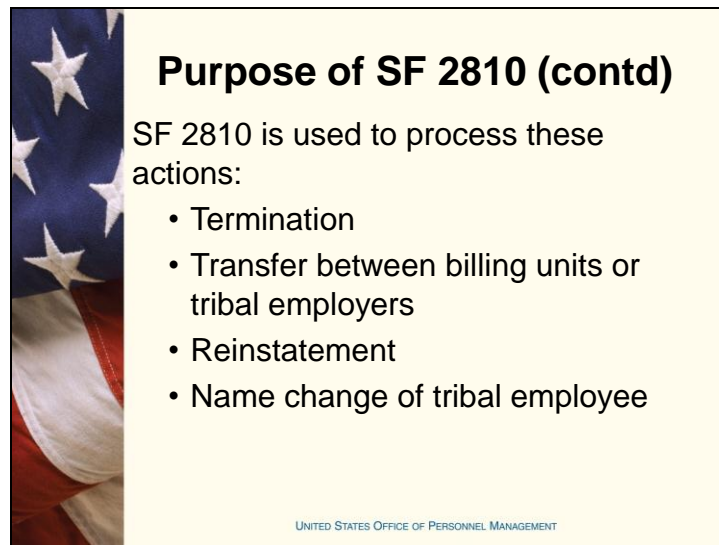
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Purpose of SF 2810

SF 2810 records actions that do not require the tribal employee's signature (e.g., enrollment termination) or are informational (e.g., name change)

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SF 2810 records actions that do not require the tribal employee's signature (e.g., enrollment termination) or are informational (e.g., name change).



Purpose of SF 2810 (contd)

SF 2810 is used to process these actions:

- Termination
- Transfer between billing units or tribal employers
- Reinstatement
- Name change of tribal employee

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The SF 2810 was designed for Federal employees and not all parts apply to tribal employees, such as any reference to retirement, annuitants, or employees' compensation. Instructions for Employing Offices are located on the back of Copy 4 of the SF 2810. The SF 2810 is located at www.opm.gov/Forms/pdf fill/sf2810.pdf.

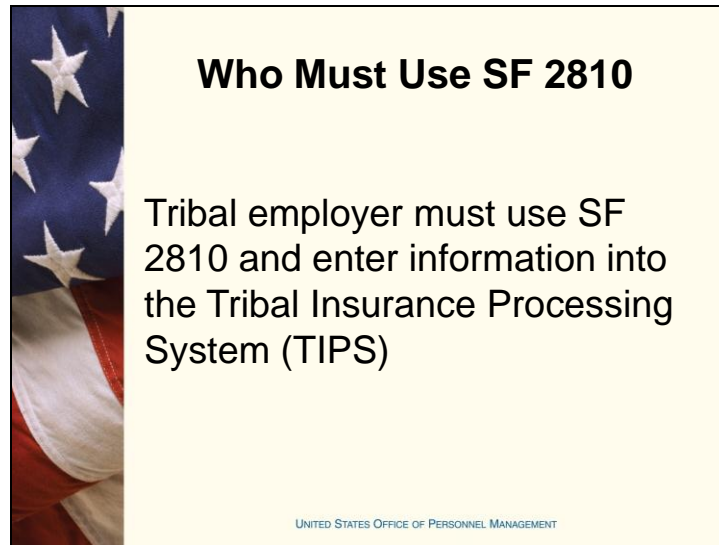
Information on why, when, and how the tribal employer must complete the SF 2810 is available in the Tribal FEHB Handbook in Chapter 4, Eligibility for Health Benefits, as well as the **Standard Form (SF) 2810 Guidance For Tribal Employers** located at www.opm.gov/tribalprograms.

A tribal employer must use the SF 2810 to record an enrollment action that does not require the tribal employee's signature, including the following:

- Termination of FEHB enrollment, but not when a tribal employee elects to cancel (use the SF 2809 for a cancellation)
- Transfer between tribal billing units or tribal employing offices
- Reinstatement of FEHB enrollment
- Name change of tribal employee

Note: If a temporary tribal employee enrolled in FEHB changes from temporary to permanent employment, the tribal employer must:

- notify the payroll office to stop withholding the tribal employer share of the premium from his/her pay, and
- notify the employee that this change in the cost of coverage is an opportunity to enroll in FEHB or to change enrollment.



Who Must Use SF 2810

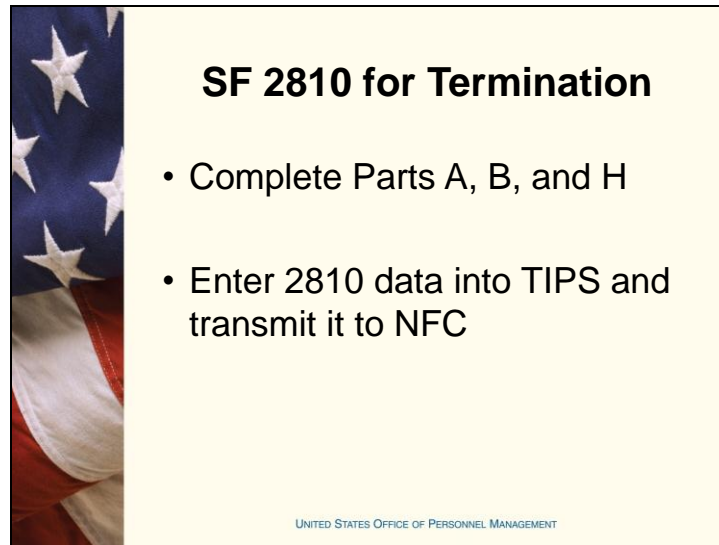
Tribal employer must use SF 2810 and enter information into the Tribal Insurance Processing System (TIPS)

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Tribal employers enter in the data from the SF 2810 into TIPS. If a tribal employer does not have electronic access to TIPS, the tribal employer may fax the SF 2810 to NFC at 504-426-9796.

The next slides discuss what parts of the SF 2810 a tribal employer must complete for the following actions:

- Termination of FEHB enrollment
- Transfer between tribal billing units or tribal employing offices
- Reinstatement of FEHB enrollment
- Name change of tribal employee



SF 2810 for Termination

- Complete Parts A, B, and H
- Enter 2810 data into TIPS and transmit it to NFC

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The most common example of a termination is when a tribal employee leaves tribal employment.


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 - in case of death, enter the date of tribal employee’s death. Enter the SF 2810 information into TIPS.

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

- Part A, item 7, “SF 2811 Report Number”
- Part F - Change in Enrollment-Survivor Annuitant.
- Back of Copy 1, instructions for Part C, paragraphs on “Retirement”, “Death”, and “Employees’ Compensation”

The slide features a vertical graphic on the left side showing the stars and stripes of the American flag. The main content area is a light yellow rectangle with a black border. At the top center of this area is the title "SF 2810 for Termination (contd)". Below the title is a bulleted list of three items. At the bottom center of the yellow area is the text "UNITED STATES OFFICE OF PERSONNEL MANAGEMENT" in a small, blue, sans-serif font.

**SF 2810 for Termination
(contd)**

- Give tribal employee “Copy 1” of SF 2810
- Inform tribal employer’s payroll office
- File copy in Tribal Employer Personnel Folder


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It is important for the tribal employer to always provide “Copy 1 – To Enrollee” of the SF 2810 to the tribal employee so that he/she has evidence of his/her change. (In case of death, if enrolled in Self and Family, give it to a family member.)

Advise the tribal employee that the back of Copy 1 contains important instructions regarding his/her health insurance coverage. The instructions for Part B are the tribal employee’s official notice of the 31-day extension of coverage and right to convert to individual coverage with the same health plan. In case of death, the employee’s copy should be given to a family member.

The tribal employer’s payroll office needs to be informed of any changes that require a change in premium withholdings. The tribal employer may provide a copy of the SF 2810 if that is their established procedure, or otherwise notify their payroll office.

In addition, a copy must be filed in the Tribal Employer Personnel Folder.




Transfer Between Billing Units or Tribal Employers

- Effective date is the first day employee begins at new billing unit or tribal employer
- Losing (old) billing unit or tribal employer does not complete any forms or enter data in TIPS

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The losing (old) billing unit will cease to withhold premiums for the tribal employee effective with the transfer date.

It is imperative that the new billing unit be informed that the tribal employee is transferring from another billing unit.



Transfer Between Billing Units or Tribal Employers (contd)

New billing unit must:


- Complete Parts A, C, and H of SF 2810
- Enter data in TIPS
- Give “Copy 1” of SF 2810 to tribal employee
- Inform tribal employer’s payroll office
- File copy in Tribal Employer Personnel Folder

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The new billing unit will complete the SF 2810 to transfer-in the tribal employee’s enrollment, enter the data into TIPS to inform NFC and the health plan, then notify the payroll office so they can begin premium payments for the tribal employee.

The new tribal employer must give the tribal employee Copy 1.

The new tribal employer must file a copy in the Tribal Employer Personnel Folder.



Transfer Between Billing Units or Tribal Employers (contd)

Give a tribal employee in a Health Maintenance Organization (HMO) an opportunity to change FEHB enrollment if transfer involves a move outside of HMO's service or enrollment area

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Upon transfer, the new billing unit must check whether the tribal employee is enrolled in an HMO. If this is the case and the tribal employee has moved outside of the HMO's service/enrollment area, the employee must be notified that they have an opportunity to change their enrollment to a new plan if they desire. If the tribal employee wants to enroll in another plan, he/she must complete an SF 2809.




Reinstatement

- Returns to tribal employment after military service
- Returns to duty after tribal employee was erroneously suspended without pay for more than 365 days or removed

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In certain situations, the tribal employer must reinstate an FEHB enrollment that was previously terminated. Two events that result in reinstatement are a return to tribal employment after active military service and a return to tribal employment after being erroneously suspended without pay for more than a year or removed from tribal employment.



Reinstatement (contd)

- Complete Parts A, D, G and H of the SF 2810
- In Part G, the Remarks section, enter the event permitting the reinstatement
- Enter SF 2810 data into TIPS and transmit it to NFC
- Give tribal employee “Copy 1” of SF 2810
- Inform tribal employer’s payroll office
- File copy in Tribal Employer Personnel Folder

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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 is 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)

In Part G, the Remarks section, enter the event permitting the reinstatement

Provide “Copy 1 – To Enrollee” to the tribal employee.

Enter the SF 2810 information into TIPS.

File a copy in the Tribal Employer Personnel Folder.



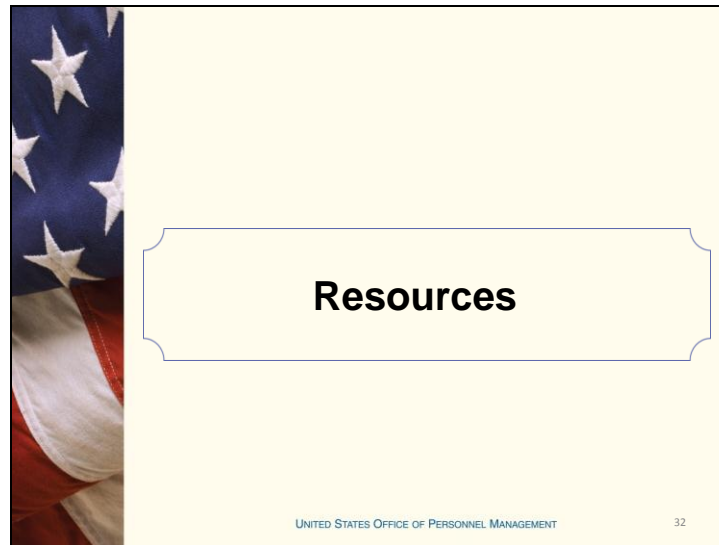
Name Change

- Complete Parts A, E, G, and H
- Enter reason and date of name change in Part G, the Remarks section
- Enter SF 2810 data into TIPS and transmit it to NFC
- Give copy of SF 2810 to tribal employee, notify tribal employer's payroll office, and file copy in Tribal Employer Personnel Folder


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If an employee's name changes, such as upon marriage or divorce, but the enrollment does not change, the tribal employer notifies the health plan by completing an SF 2810.

Slide 32



In this section, we list resources available to Tribal Benefit Officers.



Resources

- www.opm.gov/tribalprograms
 - Tribal FEHB Handbook
 - Standard Forms 2809 and 2810
Guidance for Tribal Employers
- www.opm.gov/forms/pdf_fil/sf2809.pdf
- www.opm.gov/forms/pdf_fil/sf2810.pdf

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These are some of the resources available to Tribal Benefit Officers regarding the SF 2809 and 2810.

We ask that tribal employees contact their Tribal Benefit Officer if they have questions. The phone number and email address on the slide is reserved for just Tribal Benefit Officers.



Resources (contd)

- Tribal Benefits Officers Only inquiries:
 - Phone: 202-606-2530
 - Email: tribalprograms@opm.gov
- Tribal Programs Listserv

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We ask that tribal employees contact their Tribal Benefit Officer if they have questions. The phone number and email address on the slide is reserved for just Tribal Benefit Officers.

The Tribal Programs listserv will email subscribers important information such as the Tribal Benefits Administration Letters (TBALs), FEHB Program updates, and other resources.

As a subscriber, the Tribal Listserv will keep you up-to-date on FEHB Program information for you and your tribal employees.

To subscribe to the Tribal Programs listserv:

1. Send an email message requesting a subscription to the list. Address your email to: tribalprograms@listserv.opm.gov
2. In the Subject Line of the email message, please type: Subscribe