

Disclaimer: The Affordable Care Act entitles tribal employers the right to purchase the coverage, rights, and benefits of the Federal Employees Health Benefits (FEHB) Program 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 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 if there is change in premium withholdings.

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)
- Transfer between tribal billing units or tribal employing offices
- Reinstatement of FEHB enrollment
- Name Change of tribal employee

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 the U.S. Office of Personnel Management's (OPM) 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.

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 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"

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 conversion right
- In case of death, enter the date of tribal employee’s death in Part B
- Enter the SF 2810 information into TIPS; or, if unable to enter the information into TIPS, fax/mail* a copy of the SF 2810 to the National Finance Center (NFC)
- File a copy in the TEPF

Transfer between Tribal Billing Units or Tribal Employing Offices

Each tribal employee’s premium amount is charged to the tribal billing unit. The billing unit is a four-digit numeric code. If a tribal employee transfers to another billing unit (either within an Indian tribe or between two different Indian tribes), the **gaining tribal employing office** must transfer in the enrollment by completing and submitting the SF 2810 as follows:

Complete Parts A, C, and H

- Part A, item 8 – effective date is the first day of tribal employee’s transfer into the tribal billing unit
- Provide “Copy 1 – To Enrollee” to tribal employee
- If a tribal employee is enrolled in a Health Maintenance Organization (HMO) plan and the transfer involves a move outside of HMO service area, the tribal employer must give the tribal employee an opportunity to change his/her FEHB enrollment. The instructions for Part C on the back of Copy 1 explain this opportunity in “Transfer of Employment.”
- Enter the SF 2810 information into TIPS; or, if unable to enter the information into TIPS, fax/mail* a copy of the SF 2810 to NFC
- File a copy in the TEPF

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)
- 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 unable to enter information into TIPS, fax/mail* a copy of the SF 2810 to NFC

- File a copy in the TEPF

Tribal Employee's Name Change

Complete Parts A, E, G, and H

- Complete the SF 2810 when tribal employee's name changes but enrollment does not change
- Enter the reason for name change in Part G, the Remarks section
- Provide "Copy 1 – To Enrollee" of the SF 2810 to the tribal employee
- Enter SF 2810 information into TIPS; or, if unable to enter information into TIPS, fax/mail* a copy of the SF 2810 to NFC
- File a copy in the TEPF

*If the tribal employer is unable to enter the change information into TIPS, 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