

Instructions for Completing the FEHB Premium Conversion Election/Waiver Form

Use this form to

- ✓ Waive premium conversion and the pre-tax treatment of FEHB premiums
- ✓ Restore premium conversion if previously waived

Do not use this form to

- ✓ Elect premium conversion UNLESS you have previously waived it
- ✓ Waive premium conversion if you have already waived it
- ✓ Enroll in the FEHB Program. A separate form is used for that purpose

Who May Use This Form Employees who are eligible for pre-tax treatment of their FEHB premiums

General Information Further information on premium conversion may be obtained on the OPM website: www.opm.gov

Effective Dates

For Waivers

If you wish to waive pre-tax treatment when premium conversion becomes effective on October 1, 2000, this form must be completed by you and received by your employing office the earlier of: the date set by your employing agency; or the day before the first pay period that begins on or after October 1, 2000.

Your decision to waive pre-tax treatment must be made during FEHB Open Season or within the specified time period after a Qualifying Life Event (QLE). If you change your participation during Open Season, it will become effective on the first full pay period in the following calendar year. If you change your participation as a result of a Qualifying Life Event, the change will be effective the first full pay period after this form is received by your employing office.

Newly hired employees who want to waive pre-tax treatment need to submit this form at the same time as SF-2809, Employee Health Benefits Election Form. Pre-tax waivers made by newly hired employees take effect at the same time that FEHB coverage is effective.

Your decision will continue indefinitely unless you later submit a new election/waiver form to change the tax treatment of your contributions to FEHB.

For Restorations

IRS Guidelines—Restrictions on Changing Health Benefits Coverage (Pre-tax Treatment)
To make a change outside of the FEHB Open Season, (switch plans or options, cancel your enrollment, or change from family to self-only) or to change your participation in premium conversion you must have experienced a QLE and the change in coverage must be on account of and in accordance with that QLE. This differs for employees covered by after-tax treatment, who may reduce their level of coverage at any time. The difference is because pre-tax treatment is subject to Internal Revenue Service (IRS) guidelines. Keep this information in mind when making your decision.

If your change is allowed, it will be effective the first full pay period after this form is received by your employing office.

Qualifying Life Events (QLEs)

QLEs are events that may allow you to make a change in your premium conversion election outside of open season. Ask your employing agency for more information on whether your event meets the criteria of a qualifying life event.

With two exceptions (noted above), the rules for changing FEHB enrollment outside of Open Season do not change. The opportunities for you to enroll or change enrollment described in 5 CFR Part 890, and in the FEHB Employee Health Benefits Election Form (SF 2809) will continue to be allowed under premium conversion.

The IRS has additional events that will allow you to change your participation (election) in premium conversion. Please see OPM's website for more information.

Table of Permissible Changes in Enrollment for SF 2809 and Premium Conversion

<i>Events That Permit Enrollment or Change</i>		<i>Change Permitted</i>			<i>Time Limits</i>	<i>Premium Conversion</i>	
Code	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	When You Must File Health Benefits election Form With Your Employing Office	Enroll	Waive
1	Employee						
1A	Initial opportunity to enroll	Yes	N/A	N/A	Within 60 days after becoming eligible	Auto coverage unless waived Yes	Yes
1B	Open Season	Yes	Yes	Yes	As announced by OPM	Yes	Yes
1C	Change in family status; for example: marriage, birth or death of family member, adoption, legal separation, or divorce.	Yes	Yes	Yes	From 31 days before through 60 days after event	Yes	Yes
1D	Change in employment status; for example: <ul style="list-style-type: none"> • Reemployment after a break in service of more than three 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; • Change to or from part-time career employment. 	Yes	Yes	Yes	Within 60 days of employment status change	Yes	Yes
1E	Separation from Federal employment when the employee or employee's spouse is pregnant	Yes	Yes	Yes	Enrollment or change must occur during final pay period of employment	No	Yes
1F	Transfer from a post of duty within the United States to a post of duty outside the United States, or reverse.	Yes	Yes	Yes	From 31 days before leaving old post through 60 days after arriving at new post	Yes	Yes

Code	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	When You Must File Health Benefits election Form With Your Employing Office	PC Enroll	PC Waive
1G	Employee or eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> Loss of coverage under another FEHB 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 plan; Loss of coverage under Medicaid or similar State-sponsored program; Loss of coverage under a non-Federal health plan. 	Yes	Yes	Yes	From 31 days before through 60 days after loss of coverage.	Yes	Yes
1H	Employee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	N/A	N/A	During open season, unless OPM sets a different time	Yes	Yes
1I	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position (<i>in the Federal Government</i>) and the employee's non-federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area through 180 days after arriving in the new commuting area.	Yes	Yes
1J	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 further from this area.	N/A	Yes	Yes	Upon notifying the employing office of the move or change of place of employment	Yes	Yes
1K	On becoming eligible for Medicare (This change may be made only once in a lifetime.)	N/A	No	Yes	At any time beginning on the 30 th day before becoming eligible for Medicare	N/A	Yes
1L	Temporary employee completes one year of continuous service in accordance with 5 U.S.C. Section 8906a.	Yes	N/A	N/A	Within 60 days after becoming eligible.	Yes	N/A
1M	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Within 60 days after receiving notice from employing office.	Yes	Yes
	Your spouse or dependent first becomes eligible for coverage under Medicare or Medicaid	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes
	Change in your spouse or dependent from either full-time or part-time, or the reverse	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes

Code	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to another	When you must File Health Benefits election Form with Your Employing Office	Enroll	Waive
	Your spouse or dependent is employed in a position that offers health insurance	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes
	Starts or end of your spouse's employment	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes
	Your spouse or dependent is employed in a position that offers health insurance	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes
	Employee, spouse or dependent begins unpaid leave	N/A	N/A	N/A	Employee must respond within 31 days (45 days for employees residing overseas)	Yes	Yes
	Employee, spouse or dependent return from unpaid leave	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes
	Significant change in cost or conditions of your spouse's health care coverage related to your spouse's employment that affect your	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes
	Reemployed annuitant enters on duty in a position that conveys FEHB eligibility; and by an agency covered by premium conversion	Yes	Yes	Yes	Within 60 days from becoming eligible	Yes	Yes
	Change in employee's work site	N/A	N/A	N/A	Within 60 days after the event	Yes	Yes
	Employee submits an election to change from Self and Family to Self Only enrollment	N/A	N/A	N/A		No	No
	Employee submits an election to cancel enrollment	N/A	N/A	N/A		No	No