

*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) 2809 was written for Federal employees and not all parts of the SF 2809 apply to tribal employers or employees, such as any reference to annuitants, retirees, or suspension of benefits.

## **Standard Form (SF) 2809 Guidance For Tribal Employers**

This guidance explains how to process the Health Benefits Election Form (SF 2809) as a tribal employer. The SF 2809 was written for Federal employees and not all parts of the SF 2809 apply to tribal employers or employees.

Tribal employees must complete the SF 2809 in order to enroll, change, or cancel their FEHB enrollment. Tribal employees must also complete the SF 2809 if they are electing not to enroll during the Initial Enrollment Opportunity or as a new tribal employee. Tribal employers' responsibilities include:

- Obtaining the SF 2809 for tribal employees and providing a copy to each eligible tribal employee
- Answering tribal employees' questions about the SF 2809
- Checking the accuracy of parts A through H of a tribal employee's SF 2809
- Completing Part I of the SF 2809
- Inputting the SF 2809 data into the Tribal Insurance Processing Systems (TIPS)
- Distributing a copy of the completed SF 2809 to each tribal employee

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. Generally, the quicker a tribal employer completes and inputs the data of the SF 2809, the sooner the health plan will receive the information and the sooner tribal employees may receive their health plan identification card.

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

## **Obtaining the SF 2809**

Tribal employers can obtain the SF 2809 for employees at [www.opm.gov/forms/pdf\\_fill/sf2809.pdf](http://www.opm.gov/forms/pdf_fill/sf2809.pdf). If a tribal employer does not have access to the internet, they can request that a copy be mailed to them by calling Tribal Programs at (202) 606-2530. Tribal employers must provide an SF 2809 to all eligible employees.

## **Answering Tribal Employees' Questions**

Tribal employers should answer tribal employees' questions about the SF 2809 and direct them to the [SF 2809 Guidance for Tribal Employees](#).

## **Receiving and Verifying Parts A through H of the SF 2809**

When a tribal employee returns a completed SF 2809, a tribal employer must verify that the tribal employee accurately completed the applicable sections below:

### ***Part A – Enrollee and Family Member Information***

A tribal employer must ensure all information is completed accurately. The tribal employer must verify relationship codes if the tribal employee is enrolling in a Self Plus One or a Self and Family enrollment. The relationship code designates the type of family member. The table of codes is found on page 2 of SF 2809.

***Important:*** In order for your Self Plus One FEHB enrollment election to be processed, you must complete the family member information for your designated family member.

The tribal employer is responsible for making decisions about whether a family member is eligible for coverage and that the correct relationship code is used. The information below is guidance for eligibility.

- Code 01 = Spouse: A tribal employer must verify that the marriage is a legally valid marriage.
- Code 19 = Child under age 26: A tribal employer must verify that the tribal employee's child is under 26 years of age.
- Code 10 = Foster Child: A tribal employer must verify that the tribal employee has provided the tribal employer with (1) documentation of the tribal employee's regular and substantial support of the child and (2) the Certification of Foster Children. See Chapter 10 of the Tribal FEHB Handbook for more information on Foster Children and to obtain a copy of the Certification of Foster Children.
- Code 99 = Disabled child age 26 or older who is incapable of self-support because of a physical or mental disability that began before his/her 26<sup>th</sup> birthday: The tribal employer is responsible for determining whether a tribal employee's child age 26 or older is incapable of self-support because of a mental or physical disability that began before age 26 and for notifying the tribal employee's plan of its determination. See Chapter 10 of the Tribal FEHB Handbook for more information on Child Incapable of Self-Support.

### ***Part B – Present Plan***

A tribal employer must ensure all information is completed accurately. This part is filled out only if the tribal employee is already enrolled in an FEHB plan.

### ***Part C – New Plan***

Tribal employers must verify that the FEHB enrollment code entered is a 3-character code and that the code entered is a health plan that is available in the geographic area where the tribal employee lives or works (e.g., HMO's geographic service area includes where the tribal employee lives or works). If a tribal employee signs up for a health plan that is not available in the area where the tribal employee lives or works, the tribal employee will receive coverage only for emergency services.

Tribal employers must verify that the FEHB enrollment code matches the FEHB enrollment type (i.e., Self Only, Self Plus One or Self and Family).

- If a tribal employee is intending to enroll in a Self and Family enrollment, the last character of the FEHB enrollment code is 2 or 5.
- If a tribal employee is intending to enroll in a Self Plus One enrollment, the last character of the FEHB enrollment code is 3 or 6.
- If a tribal employee is intending to enroll in a Self Only enrollment, the last character of the FEHB enrollment code is 1 or 4.

If the FEHB enrollment code does not match the intended FEHB enrollment type,

- A tribal employee's eligible family members may not have coverage (i.e., intending to enroll in a Self Plus One or Self and Family and actually enrolling in a Self Only), or
- The tribal employee and the tribal employer will pay higher premium amounts for coverage that is not needed (i.e., intending to enroll in a Self Only and actually enrolling in a Self Plus One or a Self and Family).

### ***Part D – Event Code***

If a tribal employee experiences a Qualifying Life Event (QLE), he/she must enter the Event Code and date of the event. QLEs allow eligible tribal employees to enroll, change, or cancel their FEHB enrollment within a certain timeframe of the event. Examples of QLEs include becoming a new or newly eligible tribal employee, marriage, divorce, and birth of a child.

The Event Code is a two-character code. The first character is a number that references a specific Table of Permissible Changes (pages 7-14 of the SF 2809) where the QLE is located. Tribal employees will only use tables 1, 4, or 5. The second character is a letter that references the specific QLE from the specific table.

- Table 1: If the tribal employer offers premium conversion and the tribal employee participates in it, use the QLEs on the Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election (Table 1) of the SF 2809.
- Table 4: Applies to individuals who are enrolled in Temporary Continuation of Coverage (TCC) (Eligible Former Tribal Employees, Former Spouses, and Children who cease to be eligible family members). TCC enrollments are processed through the Direct Pay Remittance System (DPRS) and not the Tribal Insurance Processing System (TIPS).
- Table 5: If the tribal employer is NOT participating in premium conversion, use Table 5 of the SF 2809 for Employees Who are Not Participating in Premium Conversion.

Some QLEs permit a tribal employee to make only certain changes (e.g., enroll, switch from one plan or option to another). Check the applicable table of permissible changes on the SF 2809 to verify that the tribal employees' desired change is allowable.

Qualifying Life Events (QLEs) that May Permit Change in FEHB Enrollment or Premium Conversion Election		FEHB Enrollment Change that May Be Permitted				Premium Conversion Election Change that May Be Permitted		Time Limits in which Change May Be Permitted
Event Code	Event	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only	Participate	Waive	When You Must File Health Benefits Election Form With Your Employing Office

(from a table of permissible changes, the red arrow points to the column that states which changes may be permitted for a specific QLE)

**Part E – Employees Only (Election NOT to enroll)**

Tribal employees who are eligible for FEHB, but choose not to enroll should complete Part E. Tribal employers should follow-up with tribal employees who choose not to enroll but haven't completed a SF 2809.

**Part F – Cancellation**

This section should only be completed during Open Season, or if the tribal employee experiences a QLE that allows them to cancel FEHB enrollment. If the tribal employee does not participate in premium conversion, the tribal employee can cancel FEHB enrollment at any time.

**Part G – Suspension**

This section does not apply to tribal employees.

**Part H – Signature**

Tribal employees must sign, date, and provide a preferred telephone number and email address (if available) in this section.

**Completing the SF 2809**

**Part I of the SF 2809 is for the tribal employer to complete.** If a tribal employer inputs the SF 2809 data into the Tribal Insurance Processing System (TIPS), a tribal employer must fill in all applicable data fields in TIPS. **Under limited circumstances**, a tribal employer may fax/mail the SF 2809 to the National Finance Center (NFC). In that case, a tribal employer must complete all fields of Part I.

**Input data into TIPS\***

- Billing Unit/Personnel Office Identifier (POI, a four-digit identifier): It automatically populates when a tribal employer user logs onto TIPS. If the user has access to more than one billing unit, make sure the correct billing unit is used.
- Effective Date of Action: This date is when coverage becomes effective for the tribal employee.
  - For the Initial Enrollment Opportunity, the Effective Date of Action is the date when coverage is effective for all enrolling, eligible tribal employees. It will be the first day of a month.
  - For Open Season, the Effective Date of Action is January 1st of the following year.
  - For a QLE, the Effective Date of Action is the first day of the pay period after the SF 2809 is received.

- Exception: Birth or acquisition of a child. The Effective Date of Action is the first day of the pay period in which the child was born or acquired.
- For TCC, the Effective Date Of Action is the first day after the 31-day extension of coverage (see Note below)\*

*Fax/mail the SF 2809 to NFC (only if a tribal employer does not have access to TIPS)\**

- Billing Unit (four-digit identifier): Write the billing unit in the Remarks Field of Part I. Tribal employers **must always** place the billing unit here. If the billing unit is not placed in the remarks section, no action will occur and the tribal employee will not get coverage.
- Effective Date of Action: This date is when coverage becomes effective for the tribal employee.
  - For the Initial Enrollment Opportunity, the Effective Date of Action is the date when coverage is effective for all enrolling, eligible tribal employees. It will be the first day of a month.
  - For Open Season, the Effective Date of Action is January 1st of the following year.
  - For a QLE, the Effective Date of Action is the first day of the pay period after the SF 2809 is received.
    - Exception: Birth or acquisition of a child. The Effective Date of Action is the first day of the pay period in which the child was born or acquired.
  - For TCC, the Effective Date Of Action is the first day after the 31-day extension of coverage (see Note below)\*
- Payroll Office number: 12400096
- Sign and place in a Tribal Employee Personnel Folder

**\*NOTE: Temporary Continuation of Coverage (TCC) Enrollments Only:**

The tribal employee must complete a SF2809 indicating which health plan he/she is enrolling in for TCC. The Tribal Employer will enter the employee's information into the TCC enrollment portal, DPRS-W. The Tribal Employer must contact TCC at 1 800 242 9630 to obtain access to DPRS-W.

**Distributing Copies of the SF 2809**

The tribal employer must make two copies of the SF 2809 (signed by both tribal employee and tribal employer) or the TIPS confirmation page. One copy is given to the tribal employee. The tribal employee's copy of the SF 2809 or the TIPS confirmation page is acceptable as proof of enrollment in a health plan (except for prescription drugs) until the tribal employee receives his/her identification cards from the plan. A second copy is placed in the Tribal Employee Personnel Folder. 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.