

## Health Benefits Election Form

### Part A - Enrollee and Family Member Information *(For additional family members use a separate sheet and attach.)*

1. Enrollee name <i>(last, first, middle initial)</i>	2. Social Security number	3. Date of birth <i>(mm/dd/yyyy)</i>	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Home mailing address <i>(including ZIP Code)</i>		7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	8. Medicare Claim Number	
		9. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 10 below. <input type="checkbox"/> No		

10. Indicate the type(s) of other insurance:

☐ TRICARE ☐ Other: *Name of other insurance:* \_\_\_\_\_ *Policy number:* \_\_\_\_\_

☐ FEHB *An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.*

11. Name of family member <i>(last, first, middle initial)</i>	12. Social Security number	13. Date of birth <i>(mm/dd/yyyy)</i>	14. Sex <input type="checkbox"/> M <input type="checkbox"/> F	15. Relationship code
16. Address <i>(if different from enrollee)</i>		17. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	18. Medicare Claim Number	
		19. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 20 below. <input type="checkbox"/> No		

20. Indicate the type(s) of other insurance:

☐ TRICARE ☐ Other: *Name of other insurance:* \_\_\_\_\_ *Policy number:* \_\_\_\_\_

☐ FEHB *An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.*

21. Email address <i>(if home address is different from enrollee's)</i>	22. Preferred telephone number <i>(if home address is different from enrollee's)</i>			
23. Name of family member <i>(last, first, middle initial)</i>	24. Social Security number	25. Date of birth <i>(mm/dd/yyyy)</i>	26. Sex <input type="checkbox"/> M <input type="checkbox"/> F	27. Relationship code
28. Address <i>(if different from enrollee)</i>		29. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	30. Medicare Claim Number	
		31. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 32 below. <input type="checkbox"/> No		

32. Indicate the type(s) of other insurance:

☐ TRICARE ☐ Other: *Name of other insurance:* \_\_\_\_\_ *Policy number:* \_\_\_\_\_

☐ FEHB *An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.*

33. Email address <i>(if home address is different from enrollee's)</i>	34. Preferred telephone number <i>(if home address is different from enrollee's)</i>			
35. Name of family member <i>(last, first, middle initial)</i>	36. Social Security number	37. Date of birth <i>(mm/dd/yyyy)</i>	38. Sex <input type="checkbox"/> M <input type="checkbox"/> F	39. Relationship code
40. Address <i>(if different from enrollee)</i>		41. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	42. Medicare Claim Number	
		43. Are you covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 44 below. <input type="checkbox"/> No		

44. Indicate the type(s) of other insurance:

☐ TRICARE ☐ Other: *Name of other insurance:* \_\_\_\_\_ *Policy number:* \_\_\_\_\_

☐ FEHB *An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.*

45. Email address <i>(if home address is different from enrollee's)</i>	46. Preferred telephone number <i>(if home address is different from enrollee's)</i>
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<b>Part B - FEHB Plan You Are Currently Enrolled In</b> <i>(if applicable)</i>		<b>Part C - FEHB Plan You Are Enrolling In or Changing To</b>	
1. Plan name	2. Enrollment code	1. Plan name	2. Enrollment code
<b>Part D - Event That Permits You To Enroll, Change, or Cancel</b> <i>(see page 2)</i>		<b>Part E - Election NOT to Enroll</b> <i>(Employees Only)</i>	
1. Event code	2. Date of event	<input type="checkbox"/> I do NOT want to enroll in the FEHB Program. <b><i>My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.</i></b>	
<b>Part F - Cancellation of FEHB</b>		<b>Part G - Suspension of FEHB</b> <i>(Annuitants/Former Spouses Only)</i>	
<input type="checkbox"/> I CANCEL my enrollment. <b><i>My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.</i></b>		<input type="checkbox"/> I SUSPEND my enrollment. <b><i>My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.</i></b>	
<b>Part H - Signature</b>			
<b>WARNING:</b> Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)			
1. Your signature <i>(do not print)</i>		2. Date <i>(mm/dd/yyyy)</i>	
3. Email address		4. Preferred telephone number	
<b>Part I -To be completed by agency or retirement system</b>			
<b>REMARKS</b>			
1. Date received <i>(mm/dd/yyyy)</i>		2. Effective date of action <i>(mm/dd/yyyy)</i>	3. Personnel telephone number
4. Name and address of agency or retirement system		5. Authorizing official <i>(please print)</i>	
		6. Signature of authorized agency official	
7. Payroll office number	8. Payroll office contact <i>(please print)</i>		9. Payroll telephone number