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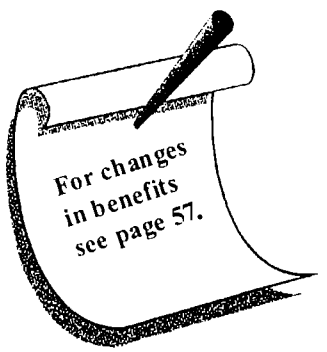
Blue Cross® and Blue Shield® Service Benefit Plan

1999

A Managed Fee-for-Service Plan with a Preferred Provider Organization and a Point-of-Service Product Administered by the Blue Cross and Blue Shield Association



Who may enroll in this Plan: All Federal employees and annuitants who are eligible to enroll in the FEHBP.

Enrollment code for this Plan:

101 High Option Self Only
102 High Option Self and Family
104 Standard Option Self Only
105 Standard Option Self and Family

Visit the OPM website at http://www.opm.gov/insure

and

this Plan's website at http://www.fepblue.org

Authorized for distribution by the:

United States
Office of
Personnel
Management

FEHB
Federal Employees
Health Benefits Program

RI 71-5

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No.	Events That Permit Enrollment Change Event	Change Permitted From Not Enrolled to Enrolled	From Self Only to Family	From One Plan or Option to Another	Time Limit in Which Registration Form Electing Change Must Be Filed With Employing Office**
26	Former spouse meets the requirement in 5 U.S.C. 8901(10) of having been enrolled in an FEHB plan as a covered family member at some time during the 18 months before the marriage ended, but does not meet one or both of the other two requirements of 5 U.S.C. 8901(10).	Yes*	Does not apply	Does not apply	Within 60 days after the later of: the qualifying event; the date coverage under Subpart H of 5 CFR Part 890 was lost, if the loss occurred within 36 months of the qualifying event; or the former spouse's receiving notice of the opportunity to elect temporary continuation of coverage (based on the enrollee's or former spouse's notification to the employing office of the former spouse's eligibility). Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage; or the date of the qualifying event, if later. If election is made after the end of the 31-day extension of coverage or the date of the qualifying event, the effective date will be retroactive.
27	Former employee, former spouse or child whose temporary continuation of coverage under 5 CFR Part 890 Subpart K terminates due to other FEHB coverage, loses the other FEHB coverage.	Yes*	Does not apply	You must reenroll in the same plan and option as that in which you were enrolled prior to obtaining the other FEHB coverage, if eligible to enroll in that plan, within 31 days after the other coverage ends, but not later than the expiration of the period of eligibility for the temporary continuation of coverage. If not eligible to enroll in that plan, you may enroll in the same option of any available plan within the 31-day time limit.	

* Individuals must be otherwise eligible to enroll.

† Employees only.

** Also selected effective date information.

Federal Employees Health Benefits Program

Standard Form 2809
Rev. August 1992

Form Approved:
OMB No. 3206-0160

Health Benefits Registration Form

Uses for Standard Form (SF) 2809

Use this form to:

- Enroll in the FEHB Program; or
- Elect not to enroll in the FEHB Program (employees only); or
- Change your FEHB enrollment from Self Only to Self and Family and/or from your present plan or option to another plan or option because of an event described in the Table on page 6; or
- Change your FEHB enrollment from Self and Family to Self Only; or
- Cancel your FEHB enrollment.

Who May Use SF 2809

1. Employees eligible to enroll in or currently enrolled in the FEHB Program, including temporary employees eligible under 5 U.S.C. 8906a.
2. Annuitants (other than CSRS/FERS annuitants) eligible to enroll in or currently enrolled in the FEHB Program, including individuals receiving monthly compensation from the Office of Workers' Compensation Programs.

Note: CSRS/FERS annuitants -- **Do not use this form.** To obtain the appropriate form, write to:

Office of Personnel Management
Insurance Services Branch
P.O. Box 14172
Washington, D.C. 20044

3. Former spouses eligible to enroll in or currently enrolled in the FEHB Program under the Spouse Equity law or similar statutes.
4. Individuals eligible for temporary continuation of coverage under the FEHB Program, including:
   - Former employees (who separated from service);
   - Children who lose FEHB coverage; and
   - Former spouses who are not eligible for FEHB under item 3 above.

Note: *Former spouses and children of CSRS/FERS annuitants --* ***Do not use this form.*** *To obtain the appropriate form, write to address shown in item 2 above.*

Instructions for Completing SF 2809

Type or Print Firmly

PART A. You must complete this part.

Item 1. Give your last name, first name and middle initial.

Item 2. Enter your Social Security Number. (See Privacy Act Statement on Page 5.)

Item 3. Give your date of birth, using numbers to show the month, day and year.

Item 4. Enter your permanent home mailing address.

Item 5. Place an "X" in the appropriate box.

Item 6. Place an "X" in the box that signifies your current marital status (if you are separated but not divorced, you are still married).

Item 7. Give your telephone number where you can be reached during normal business hours. Be sure to include the area code.

PART B. Complete this part to enroll or change your enrollment in the FEHB Program. (If you are changing your enrollment, also complete PART C.)

Item 1. Enter the plan name and appropriate enrollment code from the front cover of the brochure of the plan you want to enroll in or change to. (The enrollment code shows the plan and option you are electing and whether you are enrolling for Self Only or Self and Family.) If you are just changing from one option to another and/or from Self Only to Self and Family or from Self and Family to Self Only, enter the name of your present plan and the new enrollment code.

If the plan you want is a prepaid plan (CMP/HMO), be sure you live in the plan's enrollment area. If it is an employee organization plan, be sure you are eligible to enroll in the plan; you must be or become a member of the plan's sponsoring organization.

Your signature in Part F authorizes deductions from your salary, annuity or compensation to cover your cost of the enrollment you elect in this item, unless you are required to make direct payments to the employing office.