

FEHB Open Season Online

Welcome **DAVID E GUILD**

Direct Pay Election Form

If the premium for the plan and coverage you want is more than the amount of your monthly annuity, you may elect to pay the premium directly to us. Annuitants who choose the direct payment option cannot later request to have premiums withheld from their annuities.

Please use the buttons below to indicate if you would like to view the Direct Pay Election Form online or if you would like to have the form mailed to you. If you choose to have the form mailed, you can expect to receive it in about 7-10 days.

The completed form must be received by Monday, December 11, 2017. Forms received after this date will be returned to you unprocessed.

[View Online](#)

[Mail Information](#)

If you choose to view the form online and decide you wish to pay your premiums directly, print the form, sign it, and mail by the end of Open Season to:

Office of Personnel Management Open Season Processing Center
P.O. Box 5000
Lawrence, KS 66046-0500

All forms mailed to the above address will have an effective date of January 1.

For effective dates other than January 1, mail the completed form to:

Office of Personnel Management
Retirement Benefits
1900 E Street NW
Washington, DC 20415

Before You Go,

We'd Like to Know...

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Welcome **LONNIE P HENDERSON**

Direct Pay Election Form

You asked for a Direct Pay enrollment package to be mailed to you. You can expect to receive the information in about 7 - 10 days.

We will not process any direct pay request until you sign, date, and return the required forms.

The address we currently have on file for you is:

LONNIE P HENDERSON
5280 HWY 70 WEST
MOREHEAD CITY NC 28557

If the above address is not correct, press the bar below to change either your domestic or foreign address.

[Change Address](#)

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FEHB Open Season Online

Welcome **DAVID E GUILD**

Health Benefits Election Form

You may view and print or request to have a Health Benefits Election Form (OPM 2809) mailed to you. Use this form to complete any FEHB enrollment changes that you would like to have processed. Enrollment changes will be effective January 1, 2017.

Please use the buttons below to indicate if you would like to view the Health Benefits Election Form online or if you would like to have the form mailed to you. If you choose to have the form mailed, you can expect to receive it in about 7-10 days.

The completed form must be received by Monday, December 11, 2017. Forms received after this date will be returned to you unprocessed.

[View Online](#)

[Mail Information](#)

If you choose to view the form online and decide you wish to make an enrollment change, print the form, sign it, and mail by the end of Open Season to:

Office of Personnel Management Open Season Processing Center
P.O. Box 5000
Lawrence, KS 66046-0500

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For effective dates other than January 1, mail the completed form to:

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Welcome **LONNIE P HENDERSON**

Health Benefits Election Form

You asked for a Health Benefits Election Form (OPM 2809) to be mailed to you. You can expect to receive the form in about 7 - 10 days.

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FEHB Open Season Online

Welcome DAVID E GUILD

Open Season Health Benefits Guide

In order for you to select the best plan for your needs, please refer to the 2018 Open Season Health Benefits Guides. These guides are a summary of all available FEHB plans in each state. For specific benefit information, the guides can be used in conjunction with the plan brochures. You may order brochures online by clicking on the "Brochures" link.

In the event of your death your spouse may continue enrollment in the FEHB program as ^{your} their survivor only if you are enrolled in Self Plus One or Self and Family at the time of death and you elected to provide a survivor benefit for ^{your} their spouse.

Please use the buttons below to indicate if you would like to view the FEHB State Guides online or if you would like to have the information mailed to you. If you choose to have the information mailed, you can expect to receive it in about 7-10 days.

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Welcome **LONNIE P HENDERSON**

To have an Open Season Health Benefits Guide mailed to you, please select a State from the drop down list and then press the "Mail Guide" button.

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Welcome **LONNIE P HENDERSON**

You asked for an Open Season Health Benefits Guide to be mailed to you. You can expect to receive the information in about 7-10 days.

The address we currently have on file for you is:

LONNIE P HENDERSON
5280 HWY 70 WEST
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FEHB Open Season Online

Welcome **LONNIE P HENDERSON**

Enrollment Change Progress

Coverage Selection **CB** Plan Selection **CB** Other Insurance **CB** Dependent Information **CB** Verify Enrollment **CB** Submit Enrollment

Coverage Selection

If you change enrollment, your new coverage will be effective January 1, 2017. Your February 1, 2017 annuity payment will be the first monthly payment to reflect 2017 premiums. **CB**

If you and your spouse each receive Federal retirement benefits and you are enrolled in family coverage and you want to change to two self-only enrollments, please see the FAQ page which contains further information. **Self and Family**

If you are not making an enrollment change but need to update your dependent information, please contact your Health Benefit Plan Provider to make this change. **CB**

If you are selecting Self Plus One or Self and Family coverage, you will also need: your dependent(s) name, social security number, date of birth, address, and information about any other health insurance coverage you or your dependent(s) may have.

Your FEHB carrier may ask for additional documentation to prove eligibility. Go to <https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members>

Please indicate whether you are enrolling as self only, Self Plus One, or self and family coverage.

Self Only Self Plus One Self and Family **self and family**

Continue

capitalize →

Self and Family

self and family ← *capitalize*

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Welcome **LONNIE P HENDERSON**

Enrollment Change Progress

Coverage Selection | Plan Selection | Other Insurance | Verify Enrollment | Submit Enrollment

Plan Selection

You have chosen Self Plus One coverage. The FEHB plans available in your area are listed below. This list includes nationwide, state specific, and restricted plans. You can also view the FEHB State Guide online.

Please select the plan you wish to enroll in for 2017 ²⁰¹⁸. Note, the plans offering a high, standard, or basic option, High Deductible Health Plans (HDHPs) and Consumer-Driven Health Plans (CDHPs) are noted in the plan name description.

For help in selecting, press the "Advanced Select" button to view an alternate list which displays plan rates and possible enrollment restrictions.

This collection of information has been approved by OMB. Select this link to view the Privacy Act and Public Burden Statement.

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Welcome **LONNIE P HENDERSON**

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Other Health Insurance - Annuitant

Your health plan will need to coordinate benefits with any other health insurance plans you may have.

Do you have Medicare?

None ▼

Do you have Medicare D?

No ▼

Do you have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA?

No ▼

Do you, the annuitant, have any other health insurance?

Yes No

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Welcome LONNIE P. HENDERSON

Enrollment Change Progress

Coverage Selection | Plan Selection | Other Insurance | Verify Enrollment | Submit Enrollment

Dependent Information

You have chosen to enroll in Self Plus One coverage.

If you are not making an enrollment change but need to update your dependent information, please contact your Health Benefit Plan Provider to make this change.

Your dependent information can only be updated if you are making an enrollment change into a Self Plus One or a self and family plan and have an enrollment change that hasn't been processed yet. Enrollment changes are processed on Thursday evenings each week.

OPM does not maintain dependent data, so FEHB carriers are authorized to receive dependent information directly from you if you are enrolled in Self Plus One or family coverage. Additionally, OPM does not receive updated dependent information from FEHB carriers so we may not have your current dependent information. However, if you are making an open season enrollment change to a Self Plus One or family plan you should include your dependent information and we will send it to your health plan provider as a part of your enrollment change and you will not have to contact them separately.

Self and Family

If you perform an Open Season enrollment change please make sure your dependent information is accurate before submitting your change. Your FEHB carrier may ask for additional documentation to prove eligibility. Go to <https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members>. If you are happy with your current coverage and will not be performing an enrollment change but want to update or confirm your dependent information please contact your Health Benefit Provider.

Please add all dependents that should be covered under your enrollment.

After you are done reviewing or updating, click the Done button to proceed further.

Please complete all dependent information.

Please note that a maximum of 1 dependent can be entered.

Add New Dependent

Done

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Welcome **LONNIE P HENDERSON**

Enrollment Change Progress

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Dependent Information

You have chosen to enroll in Self Plus One coverage. To ensure that you and your family members have immediate coverage, please complete the following information.

Your Dependent's Last Name:	<input type="text" value="smith"/>
First Name:	<input type="text" value="jan"/>
MI:	<input type="text" value="j"/>
Date of Birth (mm/dd/yyyy):	<input type="text" value="09/22/1945"/>
Gender:	<input type="text" value="Female"/> ▼
Relationship: 	<input type="text" value="Spouse"/> ▼
Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text" value="1111"/>

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Address Information - Dependent

You have chosen to enroll in Self Plus One coverage.

If the dependent's address is the same as the annuitant's, **click on the next** button.

If the dependent's address is different from the annuitant's, **click off the check mark** and enter the dependent's address and then click the **next** button to continue.

Use same address as Annuitant's

Foreign Address

No Yes

Street Address 1:

Street Address 2:

Street Address 3:

City:

State:

Please Choose a State

Zip Code:

Next >>

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Other Health Insurance - Dependent

Your health plan will need to coordinate benefits with any other health insurance plans your dependents may have.

Does this dependent have Medicare?

None

Does this dependent have Medicare D?

No

Does this dependent have TRICARE, TRICARE For Life, Peace Corps, or CHAMPVA?

No

Does this dependent have private insurance?

Yes No

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Welcome LONNIE P HENDERSON

Enrollment Change Progress

Coverage Selection * Plan Selection * Other Insurance * Verify Enrollment * Submit Enrollment

Dependent Information

You have chosen to enroll in Self Plus One coverage.

If you are not making an enrollment change but need to update your dependent information, please contact your Health Benefit Plan Provider to make this change.

Your dependent information can only be updated if you are making an enrollment change into a Self Plus One or a self and family plan and have an enrollment change that hasn't been processed yet. Enrollment changes are processed on Thursday evenings each week.

Self and Family

OPM does not maintain dependent data, so FEHB carriers are authorized to receive dependent information directly from you if you are enrolled in Self Plus One or family coverage. Additionally, OPM does not receive updated dependent information from FEHB carriers so we may not have your current dependent information. However, if you are making an open season enrollment change to a Self Plus One or family plan you should include your dependent information and we will send it to your health plan provider as a part of your enrollment change and you will not have to contact them separately. **Text deleted**

capitalize

If you perform an Open Season enrollment change please make sure your dependent information is accurate before submitting your change. Your FEHB carrier may ask for additional documentation to prove eligibility. Go to <https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members>. If you are happy with your current coverage and will not be performing an enrollment change but want to update or confirm your dependent information please contact your Health Benefit Provider.

The following information is the dependent data we currently have on file for you. Please review this information and then select the option below to either update or keep this information on file for your new health plan.

After you are done reviewing or updating, click the Done button to proceed further.

Please complete all dependent information.

Please note that a maximum of 1 dependent can be entered.

Name	Birth Date	Gender	Relationship	SSN	Action
jan j smith	09/22/1945	F	Spouse	***-1111	Update Dependent Delete Dependent

Add New Dependent

Done

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Enrollment Change - Verification

Below is your **pending** enrollment change. At this time you may review your information and make any necessary changes before your update is submitted. Once you are satisfied that all information has been provided, please click on the "Submit Enrollment Change" button below.

Plan Name: **Blue Cross Blue ShieldBasic**

Enrollment Code: **113**

Coverage: **Self Plus One**

Rate: **\$ 356.72**

[Edit Enrollment](#)

Dependent Information				
Name	Birth Date	Gender	Relationship	SSN
jan j smith	09/22/1945	F	Spouse	***-**-1111

[Edit Dependents](#)

Your enrollment will not be completed until you click on the "Submit Enrollment Change" button below.

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Enrollment Change - Confirmation

We processed the open season health benefits enrollment change you requested.

The effective date of your open season change is January 1, 2017.

We will email you a notification to confirm that we have received your Open Season change. You may also print this page using your web browser print function to keep for your records and log back in during Open Season to review your change. We will also notify the plan you selected of your enrollment information.

Plan Name: **Blue Cross Blue ShieldBasic**

Enrollment Code: **113**

Coverage: **Self Plus One**

Rate: **\$ 356.72**

Dependent Information				
Name	Birth Date	Gender	Relationship	SSN
jan j smith	09/22/1945	F	Spouse	***-**-1111

Your new plan will send your new identification card to you. You can expect to receive your card in approximately 4 weeks. If you do not receive your card, you should contact the plan directly.

Click here for a printer-friendly version for your records



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