















| <b>QLE's That Permit Enrollment or Change</b> |  | <b>Change Permitted</b>              |   |   |  | <b>Time Limits</b>   |
|---|--|--------------------------------------|---|---|--|--|
| <i>Event Code</i>                             | <i>Event</i>   | <i>From Not Enrolled to Enrolled</i> | <i>From Self Only to Self Plus One to Self and Family</i> | <i>From One Plan or Option to Another</i> | <i>Switch Designated Family Member</i> | <i>When You Must File Health Benefits Election Form With the Office of Personnel Management</i>                                    |
| 4D  | Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.  | No                                   | Yes   | Yes                                       | Yes                                    | From 31 days before through 60 days after event.   |
| 4E  | Reenrollment of a former spouse or child whose TCC enrollment was terminated because of other FEHB coverage and who loses the other FEHB coverage before the TCC period of eligibility (18 or 36 months) expires.  | May reenroll                         | N/A   | N/A                                       | No                                     | From 31 days before through 60 days after the event. Enrollment is retroactive to the date of the loss of the other FEHB coverage. |
| 4F  | <p>Enrollee or eligible family member loses coverage under FEHB or another group insurance plan; for example:</p> <ul style="list-style-type: none"> <li>• Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment (but see event 4E);</li> <li>• Loss of coverage under another federally-sponsored health benefits program;</li> <li>• Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>• Loss of coverage under Medicaid or similar State-sponsored program;</li> <li>• Loss of coverage under a non-Federal health plan.</li> </ul> | No                                   | Yes   | Yes                                       | Yes                                    | From 31 days before through 60 days after loss of coverage.  |
| 4G  | Enrollee or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.  | N/A                                  | Yes   | Yes                                       | Yes                                    | During open season, unless OPM sets a different time.  |
| 4H  | Enrollee or covered family member in a Health Maintenance Organization (HMO) moves outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves further from this area.  | N/A                                  | Yes   | Yes                                       | No                                     | When you or a family member notify OPM of a change of address outside the plan's service area.                                     |
| 4I  | <p>On becoming eligible for Medicare.</p> <p>(This change may be made only once in a lifetime.)</p>  | N/A                                  | No  | Yes                                       | No                                     | At any time beginning on the 30th day before becoming eligible for Medicare.   |

















