

Supporting Statement for Health Benefit Election Forms (SF 2809 and OPM 2809)

OMB Control Number 3206-0160

A. JUSTIFICATION

1. *Explain the circumstances of this collection, why this collection is necessary, and the legal statutes that allow it.*

Chapter 89 of title 5, United States Code, authorizes the Office of Personnel Management (OPM) to administer the Federal Employees Health Benefits (FEHB) Program and to publish regulations to carry out the provisions of the FEHB law. The law and regulations specify who is eligible to enroll and when an individual may enroll or change enrollment.

The Postal Service Reform Act of 2022 (PSRA, Pub. L. 117-108) requires OPM to establish and administer the Postal Service Health Benefits (PSHB) Program, a new health benefits program within the FEHB Program for 1.7 million United States Postal Service (USPS) employees, annuitants, and their eligible family members that will replace their FEHB coverage. The PSRA mandates that the PSHB Program begin coverage starting in January 2025. OPM is combining two Information Collection Requests (ICRs) and incorporating changes related to the requirements of the PSHB Program.

2. *Describe how, by whom, and for what purpose the information is to be used. Except for a new collection, describe how the agency has made use of the information received from the current collection.*

This ICR has two forms: SF 2809 and OPM 2809.

The first form, SF 2809, is used by Federal employees and by annuitants other than those under the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS), including individuals receiving benefits from the Office of Workers' Compensation Programs. The SF 2809 is also used by three groups eligible to enroll under the Temporary Continuation of Coverage (TCC) provisions of the FEHB law (5 U.S.C. 8905a): former spouses eligible for benefits under the Spouse Equity Act of 1984 (P.L. 98-615); separated employees; and former dependents. These enrollments are administered by OPM's Healthcare & Insurance office.

The second form, OPM 2809, is used by CSRS and FERS annuitants to elect, cancel, suspend, or change health benefits enrollment within the FEHB Program during periods other than open season. These enrollments are administered by OPM's Retirement Services.

These forms are used as the official agency or retirement system record of the individual's coverage and enrollment status under the FEHB Program and as acknowledgement and authorization by the individual for collection of the appropriate premium contributions. A copy of the form is also forwarded to the FEHB carrier as a record of the individual's enrollment. It provides the carrier with information necessary to enable the carrier to pay and process claims for the individual and any covered family members, which the carrier would otherwise have to obtain from the enrollee by other means.

The Postal Service Health Benefits System (PSHBS) is OPM's established online portal for enrolling in PSHB plans. It provides tools for enrollees to confirm eligibility; compare insurance; and enroll online. It can be accessed by computer or smart devices. Once an individual has completed the registration and enrollment, a confirmation page will display with the plan and premium amount, coverage effective date, premium effective date, and covered family members, if applicable. PSHBS is a centralized location that will also provide the insurance carrier with the information necessary to identify the enrolled individual and any covered family members. The consequences of not collecting the enrollment information in PSHBS would be that a different method of obtaining the information would have to be developed, tested and implemented.

3. *How are the respondents expected to complete the collection? Can this collection be completed electronically (e.g., through a website or application)?*

Completion of the forms represent a voluntary election by the respondent, and the information collected can only be obtained from the respondent. These forms are available in a PDF fillable format on our website at www.opm.gov/forms.

PSHBS is an online enrollment system available online at health-benefits.opm.gov. The system is a centralized location that collects the information the insurance carrier needs to identify the enrolled individual and any covered family members. In addition, annuitants under a PSHB plan will be able to submit their OPM 2809 information electronically through the new PSHBS.

Other Federal Enrollment Systems are used by many agencies and provide an automated or electronic version of the SF 2809 to complete enrollment actions for FEHB. Enrollments by phone and paper are permitted to accommodate enrollees with no access to automated means.

4. *Does this collection duplicate any other collection of information? Describe why the agency doesn't already have this information within their systems.*

Every effort is made to identify and avoid duplication. The number of times respondents are required to complete this form is kept to a minimum. After initial enrollment, completion of a new form is required only when the covered individual desires to make a change in their health insurance enrollment status.

This information is collected individually and accounts for similarities and differences between two applicable populations which are enrollees under a FEHB plan and ones under a PSHB plan within the FEHB Program.

5. *Describe any impacts on small business. If applicable, describe any methods used to minimize those impacts.*

This information collection request has no impact on small businesses and organizations.

6. *What are consequences to the Federal program or policy goals if this collection is not done or the information is collected less frequently? Describe any technical or legal obstacles to reducing burden.*

If this information is not collected, respondents cannot enroll or make changes to their FEHB or PSHB enrollment. The only way to reduce the burden would be to restrict an individual's freedom to make changes to their enrollment, which would require making changes in current regulation.

This type of restriction would cause undue hardship through the possible lapse of appropriate health coverage. In addition, it would restrict the respondent's freedom to make changes to their enrollment.

7. *Do any of the following special circumstances apply?*

- *requiring respondents to report information to the agency more often than quarterly;*
- *requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;*
- *requiring respondents to submit more than an original and two copies of any document;*
- *requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;*

- *in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;*
- *requiring the use of a statistical data classification that has not been reviewed and approved by OMB;*
- *that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or*
- *requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.*

There are no special circumstances involved in the collection of this information.

8. *Cite the Federal Register publication for a request for public comments and address any comments received.*

On May 6, 2024, a 60-Day Federal Register Notice was published at 89 FR 37269, requesting comments.

OPM received fourteen comments in response to its 60-day notice, including six unique comments and one comment representing eight submissions. We have made additional edits to the SF 2809 form based on these comments. Specifically, the form will now allow a respondent to list addresses for minor children who live at a different location than the enrollee; the form will provide an option to remove a family member; and the form will also include a date field for the Initial Opportunity to Enroll. The SF 2809 form also makes a technical correction by noting that a common law spouse is eligible only if the marriage was initiated in a “state, the District of Columbia, or other jurisdiction” (instead of “state”) that recognizes such marriages; this technical correction is necessary to account for common law marriages in the District of Columbia.

We declined several comments. Specifically, we declined comments about formatting of the paper form because most enrollees will use electronic systems to enroll. There were comments about the eOPF that were beyond the scope of this information collection request.

One commenter questioned the use of drop-down menus in some areas of the application. Drop-down menus are not functional for manually printed forms. We are declining to remove these because they are intended for use when completing an electronic fillable, printable form, and are only used for short, direct answers. Drop-down choices are listed in the instructions of the form so employees using a printed version will have them available.

There were also comments related to adding a checkbox or fillable section for family member eligibility documents and a reminder that, without required documents, family members are not enrolled. We are declining these suggestions because we wish to limit freeform text and believe this information is available in many other places related to enrollment including the form instructions, FEHB Handbook, and OPM brochures.

A commenter noted that the requirement to enter Event Codes 1A and 1B have been removed, noting that processing may need these codes which represent Initial opportunity to enroll and Open Season. We are declining to implement this suggestion because these codes relating to the Initial Opportunity to Enroll (1A) and Open Season (1B) are among the most popular codes and we want to make it relatively easy for users to check the box rather than find an event code. Moreover, agencies should have these event codes programmed in their automated enrollment systems.

Another commenter asked if a retiring employee would be required to complete the OPM 2809 for the retirement package, or if they could continue to use the RI 79-9 form to cancel or suspend health benefits. The Health Benefit Enrollment forms – SF 2809 and OPM 2809 are being revised to include language specific to the new PSHB program. The revisions will not affect how these forms are currently used by employees and annuitants. Annuitants who wish to cancel or suspend their health coverage will still be able to use the RI 79-9 as an abbreviated option to the OPM 2809.

Finally, as part of the release of the new PSHB Program, OPM will be offering the use of a new online enrollment system. The information collected using the system will be identical to the paper and electronic PDF versions of the SF 2809 and OPM 2809 forms; however, users will be able to enter the information using a series of prompts that provide additional instructions and guidance.

On September 24, 2024, a 30-Day Federal Register Notice was published at 89 FR 77899, requesting comments. [] comments were received.

9. *Are payments or gifts given to the respondents?*

No gifts or payments of any kind have been provided to any individuals who are connected to this Information Collection Request (ICR).

10. *Describe any assurances of privacy/confidentiality. Cite specific privacy laws, relevant OPM regulations, and SORNs.*

This information collection is protected by the Privacy Act of 1974 and OPM regulations (5 CFR 831.106). The routine uses of disclosure appear in the *Federal Register* for OPM/Central-23 (89 FR 72902, update published September 6, 2024).

11. *Are any questions of a sensitive nature asked, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private? If yes, provide justification. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.*

This information collection does not include questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. *Describe the hour time burden and the hour cost burden on the respondent needed to complete this collection. Please specify hourly salary for your respondent audience by referencing [Bureau of Labor Statistics Occupational Employment and Wage Estimates](#) or other alternative wage site, when applicable.*

There is a change in the respondent burden due to additional instructional language and data collection within the revised forms and updated average hourly wage rate based on the [May 2023 National Occupational Employment and Wage Estimates](#) from the Department of Labor's Bureau of Labor Statistics.

Form Number	No. of Respondents	Total No. of Responses	Average Burden per Response (in hours)	Hourly Wage Rate	Total Respondent Cost
SF 2809	18,000	18,000	0.50 hours	\$23.11	\$207,990
OPM 2809 (written)	20,000	20,000	0.50 hours	\$23.11	\$231,000
OPM 2809 (verbal)	10,000	10,000	0.1667 hours	\$23.11	\$38,524.37

The Total Annual Respondent Cost is \$477,514.37.

13. Describe the non-hourly monetary burden to respondents needed to complete this collection. This is defined as out-of-pocket costs such as application fees for the collection, document fees ([birth/death certificates](#), school transcripts), mailing costs ([printing](#), [postage](#), and/or [mileage](#)), or anything else respondents may need to pay to complete and/or implement the collection.

The average cost #10 Standard envelopes are \$.08.

The average cost to print thirteen sheets of paper (*form & instructions*) on a home printer, factoring in paper and toner/ink cost, is \$1.08.

The First-class postage cost to mail the 3-page form is \$.73.

The non-hourly monetary burden for all respondents using paper forms is estimated at \$7,300.

14. Describe the cost incurred by the Federal Government to complete this collection.

The annualized cost to the Government is approximately \$16,700 for the SF 2809.

The annualized cost to the Government is approximately \$91,244 for the OPM 2809.

The combined annualized cost to the Government for this ICR is approximately \$107,944. These annualized costs are derived from employee salaries, staff hours required to process forms and the cost of publishing, storing, and shipping forms.

15. Explain any changes/adjustments to this collection since the previous submission, if applicable. Describe whether these changes impact the hour or cost burden. If yes, describe if the impact is the result of deliberate Federal government action (“program change”) or something else (“adjustment”).

This is a revised information collection request (ICR) and there are changes to the hourly burden reflecting changes made to the SF 2809 form based on public comments. There are adjustments to the cost burden to reflect updated wage estimates from the Bureau of Labor Statistics.

16. Specify if the data gathered by this collection will be published. This could include Congressional reporting, using respondent numbers in budget justification, or other broad reporting.

The results of this ICR are not published.

17. If applicable, explain the reason(s) for seeking approval to not display the OMB expiration date.

We seek approval to not display the OMB clearance expiration date on the paper forms and the PSHBS electronic systems, but to communicate version changes to the public via the revision date. OPM also seeks approval not to provide OMB control number during phone collections of information.

18. Explain each exception to the topics of the certification statement identified in “[Certification for Paperwork Reduction Act Submissions](#).”

There are no exceptions.

B. Collection of Information Employing Statistical Methods

This collection does not employ statistical methods.

