REQUEST TO ADD OR DELETE MEMBERS TO A CURRENT FAMILY FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) ENROLLMENT

Instructions to Enrollee	If you are already enrolled in a self and family FEHB plan and you want to add a new family member: Complete this form and mail it directly to your health insurance carrier with copies of documents, as applicable, to support the change requested:					
	 For birth/death of a dependent, attach copy of proof of birth/death For divorce, attach copy of divorce decree For marriage, attach copy of marriage certificate 					
	If you want to change from a self and family enrollment to a self-only enrollment or self-only enrollment to a self and family enrollment: Make your change through the Employee Benefits Information System (EBIS). You can access EBIS at www.donhr.navy.mil . Under the Benefits tab, select EBIS.					
Note To Insurance Carrier	FEHB Program Carrier Letter No. 1999-034 dated August 6, 1999 states that enrollees are responsible for telling carriers about certain changes to self and family enrollments that do not affect premium withholding. These changes do not require an SF 2809 or agency verification of the action.					

Name of Employee:	SSN:	SSN:		Name of Health Plan:	Enrollment Code:		
Address:	Phone Number						
Add the Following Family Members to My Coverage							
Name	DOB	Sex	Relationship	SSN	Reason for Addition		
Delete the Following Family Members From My Coverage							
Name	DOB	Sex	Relationship	SSN	Reason for Deletion		
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Employee Signature Date							

Privacy Act Notice. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. You are not required to provide this information, but if you do not provide it, it may not be possible to process the actions you request.