

**Federal Employees Receiving Premium Conversion Tax Benefits
Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election**

Premium Conversion allows employees who are eligible for FEHB the opportunity to pay for their share of FEHB premiums with pre-tax dollars. Premium conversion plans are governed by Section 125 of the Internal Revenue Code, and IRS rules govern when a participant may change his or her election outside of the annual open season. **All employees who enroll in the FEHB Program automatically receive premium conversion tax benefits**, unless they waive participation. When an employee experiences a Qualifying Life Event (QLE) as described below, certain changes to the employee's FEHB coverage (**including change to Self Only and cancellation**) and premium conversion election may be permitted, so long as they are **because of and consistent with** the QLE's. If you are covering child(ren) of your same-sex domestic partner who you would marry but for your state's marriage law, contact your employing office for more information on premium conversion availability and other tax considerations. For more information about premium conversion, please visit www.opm.gov/healthcare-insurance/healthcare.

Qualifying Life Events (QLE's) that May Permit Change in FEHB Enrollment, Designated Family Member or Premium Conversion Election		Change that May Be Permitted					Premium Conversion Change that May Be Permitted		Time Limits in which Change May Be Permitted
<i>Event Code</i>	<i>Event</i>	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Cancel or Change to Self Plus One or Self Only</i>	<i>Switch Designated Family Member</i>	<i>Participate</i>	<i>Waive</i>	<i>When You Must File Health Benefits Election Form With Your Employing Office</i>
1	Employee electing to receive or receiving premium conversion tax benefits								
1A	Initial opportunity to enroll, for example: <ul style="list-style-type: none"> New employee Change from excluded position Temporary employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a 	Yes	N/A	N/A	N/A	N/A	Automatic Unless Waived	Yes	Within 60 days after becoming eligible
1B	Open Season	Yes	Yes	Yes	Yes	Yes	Yes	Yes	As announced by OPM
1C	Change in family status that results in increase or decrease in number of eligible family members, for example: <ul style="list-style-type: none"> Marriage, divorce, annulment Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child Last child loses coverage, for example, child reaches age 26, disabled child becomes capable of self-support, child acquires other coverage by court order Death of spouse or eligible family member 	Yes	Yes	Yes	Yes ¹	Yes	Yes	Yes	Within 60 days after change in family status
		<i>Employees may enroll or change beginning 31 days before the event.</i>							
1D	Any change in employee's employment status that could result in entitlement to coverage, for example: <ul style="list-style-type: none"> Reemployment after a break in service of more than 3 days Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (<i>If coverage did not terminate, see 1G.</i>) 	Yes	N/A	N/A	N/A	No	Automatic Unless Waived	Yes	Within 60 days after employment status change
1E	Any change in employee's employment status that could affect cost of insurance, including: <ul style="list-style-type: none"> Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution Change from full time to part-time career or the reverse 	Yes	Yes	Yes	Yes	No	Yes	Yes	Within 60 days after employment status change
1F	Employee restored to civilian position after serving in uniformed services. ²	Yes	Yes	Yes	Yes	No	Yes	Yes	Within 60 days after return to civilian position

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1G	Employee, spouse or eligible family member: <ul style="list-style-type: none"> • Begins nonpay status or insufficient pay³ or • Ends nonpay status or insufficient pay if coverage continued • <i>(If employee's coverage terminated, see 1D.)</i> • <i>(If spouse's or eligible family member's coverage terminated, see 1M.)</i> 	No	No	No	Yes	No	Yes	Yes	Within 60 days after employment status change
1H	Salary of temporary employee insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	Yes	No	Yes	Yes	Within 60 days after receiving notice from employing office
1I	Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. ⁴	N/A	Yes	Yes	N/A <i>(see 1M)</i>	Yes	No <i>(see 1M)</i>	No <i>(see 1M)</i>	Upon notifying employing office of move
1J	Transfer from post of duty within a State of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after arriving at new post
		<i>Employees may enroll or change beginning 31 days before leaving the old post of duty.</i>							
1K	Separation from Federal employment when the employee or employee's spouse is pregnant.	Yes	Yes	Yes	N/A	No	N/A	N/A	During employee's final pay period
1L	Employee becomes entitled to Medicare and wants to change to another plan or option. ⁵	No	No	Yes <i>(Changes may be made only once.)</i>	N/A <i>(see 1P)</i>	No	N/A <i>(see 1P)</i>	N/A <i>(see 1P)</i>	Any time beginning on the 30th day before becoming eligible for Medicare
1M	Employee or eligible family member loses coverage under FEHB or another group insurance plan including the following: <ul style="list-style-type: none"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment • Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan⁶ • Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service • Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy • Loss of coverage under a non-Federal health plan, including foreign, state or local government, private sector • Loss of coverage due to change in worksite or residence <i>(Employees in an FEHB HMO, also see 1I.)</i> 	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Within 60 days after loss of coverage
		<i>Employees may enroll or change beginning 31 days before the event.</i>							

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1N	Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-Federally employed spouse terminates employment to accompany the employee.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area
1O	Employee or eligible family member loses coverage due to discontinuance in whole or part of FEHB plan. ⁷	Yes	Yes	Yes	Yes	Yes	Yes	Yes	During open season, unless OPM sets a different time
1P	Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following: <ul style="list-style-type: none"> • Medicare (Employees who become eligible for Medicare and want to change plans or options, see 1L.) • TRICARE for Life, due to enrollment in Medicare. • TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under Chapter 67, title 10. • Health insurance acquired due to change of worksite or residence that affects eligibility for coverage • Health insurance acquired due to spouse's or eligible family member's change in employment status (includes state, local, or foreign government or private sector employment).⁸ 	No	No	No	Yes ⁹	Yes	Yes	Yes	Within 60 days after QLE
1Q	Change in spouse's or eligible family member's coverage options under a health plan, for example: <ul style="list-style-type: none"> • Employer starts or stops offering a different type of coverage (If no other coverage is available, also see 1M.) • Change in cost of coverage • HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO • HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (If no other coverage is available, see 1M) 	No	No	No	Yes ⁹	Yes	Yes	Yes	Within 60 days after QLE
1R	Employee or eligible family member becomes eligible for assistance under Medicaid or a State Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes ⁹	Yes	Yes	Yes	Within 60 days after the date the employee or family member becomes eligible for assistance.

(If you are a United States Postal Service employee, these rules may be different. Consult your employing office or information provided by your agency.)

1. Employees may change to Self Only outside of open season only if **the QLE caused** the enrollee to be the last eligible family member under the FEHB enrollment. Employees may change to Self Plus One outside of Open Season only if **the QLE causes** only one family member to be eligible under the FEHB enrollment. Employees may cancel enrollment outside of open season only if **the QLE caused** the enrollee and all eligible family members to acquire other health insurance coverage.
2. Employees who enter active military service are given the opportunity to terminate coverage. Termination for this reason does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement. Additional information on the FEHB coverage of employees who return from active military service is available in the Frequently Asked Questions section of the FEHB website at www.opm.gov/healthcare-insurance/healthcare.

(Listing continued on the reverse)

3. Employees who begin nonpay status or insufficient pay *must* be given an opportunity to elect to continue or terminate coverage. A termination differs from a cancellation as it allows conversion to nongroup coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.
4. This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who *change from Self Only or Self Plus One to Self and Family or from one plan or option to another* a different timeframe than that allowed under 1M. For change to Self-Only or Self Plus One, cancellation, or change in premium conversion status, see 1M.
5. This code reflects the FEHB regulation that gives employees enrolled in FEHB a one-time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to Self Only or Self Plus One, cancellation, or change in premium conversion status, see 1P.
6. If employee's membership terminates (e.g., for failure to pay membership dues), the employee organization will notify the agency to *terminate* the enrollment.
7. Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.
8. Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.
9. Employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage. Employees may change to Self Plus One outside of Open Season only if the QLE caused all but one eligible family member to acquire other health insurance coverage. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.