## 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:
	<ul> <li>For birth/death of a dependent, attach copy of proof of birth/death</li> <li>For divorce, attach copy of divorce decree</li> <li>For marriage, attach copy of marriage certificate</li> </ul>
	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 <a href="http://www.donhr.navy.mil">www.donhr.navy.mil</a> . 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:		ID#:	Name of Health Plan:	Enrollment Code:
Address:	Phone Number				
	Add th	e Following	Family Membe	rs to My Coverage	
Name	DOB	Sex	Relationship	SSN	Reason for Addition
	Delete the	e Following	Family Member	s From My Coverage	
Name	DOB	Sex	Relationship	SSN	Reason for Deletion

**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.