

**REQUEST TO ADD OR DELETE MEMBERS TO A CURRENT FAMILY  
FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT**

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 & family enrollments that do not affect premium withholding. These changes do not require a SF 2809 or agency verification of the action.**

Please make the following changes to my Federal Employees Health Benefits enrollment.

Copies of documents, as applicable, to support the enrollment change are attached.

- For birth of child, attach copy of proof of birth
- For divorce, attach copy of divorce decree
- For marriage, attach copy of marriage certificate

<b>Name of Employee:</b>	<b>SSN:</b>	<b>ID#:</b>	<b>Name of Health Plan:</b>	<b>Enrollment Code:</b>
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**Address:**

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**ADD THE FOLLOWING FAMILY MEMBERS TO MY COVERAGE**

Name	Zip Code	Date of Birth	Sex	Relationship	Social Security Number	Reason For Addition

**DELETE THE FOLLOWING FAMILY MEMBERS FROM MY COVERAGE**

Name	Zip Code	Date of Birth	Sex	Relationship	Social Security Number	Reason For Deletion

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**WARNING:** Be advised that any false statement in this certification, or willful misrepresentation, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, according to federal law. Additionally, this may result in disciplinary action up to and including removal from Federal employment.

## PRIVACY ACT STATEMENT

**"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 by law to provide this information, but if you do not provide it, it may not be possible to process the actions you request on this Web site."**