

Below is a list of the applicable Part names with the new and/or modified Item names on the SF 2809.

Note: Detailed explanations of these Part names are available on the form. Please see the Office of Personnel Management (OPM) Web site at www.opm.gov for additional information.

- Part A. Enrollee and Family Member Information
 - Item 3. Date of Birth (*mm/dd/yyyy*)
 - Item 7. If you are covered by Medicare, check all that apply.
 - Item 8. Medicare Claim Number
 - Item 9. Are you covered by insurance other than Medicare?
 - Item 10. Indicate the type(s) of other insurance:
 - Item 13. Date of Birth (*mm/dd/yyyy*)
 - Item 17. If you are covered by Medicare, check all that apply.
 - Item 18. Medicare Claim Number
 - Item 19. Are you covered by insurance other than Medicare?
 - Item 20. Indicate the type(s) of other insurance:
 - Item 21. Email address (*if home address is different than enrollee's*)
 - Item 22. Preferred telephone number (*if home number is different from enrollee's*)
- Part B. FEHB Plan You Are Currently Enrolled In (*if applicable*)
- Part C. FEHB Plan You Are Enrolling In or Changing To
- Part D. Event That Permits You To Enroll, Change, or Cancel
- Part H. Signature
 - Item 3. Email address
 - Item 4. Preferred telephone number
- Part I. To be completed by Agency or retirement system
 - Item 1. Date received (*mm/dd/yyyy*)
 - Item 2. Effective date of action (*mm/dd/yyyy*)