

Document List Search New Rollback Reports HCUP Home Help Log Out

WEBAPP500: 10/13/2023 — 2:54 PM Show Print Friendly Version

Health Registration Form (SF-2809)  
New Document

-- Select a status code and click the Update button --

Asterisks (\*) indicate required fields

**Key Data\*** Insurance\* Other Contact

SSN\* 221010001

Last Name\* TRAINING First Name\* MIGUEL Middle Name

**Org**

Dept\* AG

Agency\* 90

POI\* 5317

**Dates**

Eff Pay Period\* 01

Effective Date 01/14/2024

Document Type: 180

## Key Data Tab

1. From the **EPIC Home** page select EPIC from the **EPIC** Menu Bar.
2. Select **New** from the EPIC Menu Bar.
3. Select **Federal Benefit Documents**.
4. Select **180 Health Benefits Registration**.
5. Enter the employee's social security number in the **SSN\*** field.
6. Enter the employee's last name in the **Last Name\*** field.
7. Enter the employee's first name in the **First Name\*** field.
8. Enter the employee's Department Code in the **Dept\*** field.
9. Enter the employee's Agency Code in the **Agency\*** field.
10. Enter the employee's POI in the **POI\*** field.
11. Enter the pay period in which the payroll document is entered in the **Eff Pay Period\*** field.
12. Enter the effective date for the personnel action in the **Effective Date** field.

## Insurance Tab

1. Select the **Insurance\*** tab.
2. Select the appropriate transaction type from the **Transaction\*** drop-down list.
3. Select the appropriate response from the **Married?** drop-down list.
4. Enter the appropriate event code in the **Event Code That Permits Change** field.
5. Enter the OPM-assigned enrollment code in the **Enrollment Code** field.
6. Select an event code from the **Event Code** drop-down list to identify the reason for the event.
7. Enter the date of the event in the **Date of Event** field.
8. Enter the date the employee signed the form in the **Date Signed** field.
9. Enter the date when the personnel office received the form from the employee in the **Date Received in Personnel Office** field.
10. Select the appropriate response from the **Are you covered by insurance other than Medicare?** drop-down list.

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Key Data\* Insurance\* **Other** Contact

Is this a retroactive adjustment for an employee not previously enrolled in FEHB?  Temporary Employee Pay Full Premium?

Traditional Choice Since 11/01/96  Pre-Tax Premium?

Remark (234-character limit)

Document Type: 180 Multiple Adds Clear

## Other Tab

1. Select the **Other** tab.
2. Select the appropriate response from the **Is this a retroactive adjustment for an employee not previously enrolled in FEHB?** drop-down list.
3. Select the appropriate response from the **Temporary Employee Pay Full Premium** drop-down list.

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-- Select a status code and click the Update button --

Asterisks (\*) indicate required fields

Key Data\* Insurance\* Other **Contact**

**Personnel Contact**

Last Name TRAINING First Name LYNN

**Phone Numbers**

Personnel Contact ( 504 ) 426 - 0000

Agency Official ( 504 ) 426 - 1111

Employee ( 504 ) 426 - 2222

Document Type: 180 Multiple Adds Clear

## Contact Tab

1. Select the **Contact** tab.
2. Enter the last name of the contact in the personnel office that should be contacted for questions in the **Last Name** field.
3. Enter the first name of the contact in the personnel office that should be contacted for questions in the **First Name** field.
4. Enter the area code and phone number of the personnel office contact in the **Personnel Contact** field.
5. Enter the area code and phone number of the authorized Agency official in the **Agency Official** field.
6. Enter the area code and phone number of the employee in the **Employee** field.
7. Select the appropriate status code from the **Select a status code and select the Update button** drop-down list.
8. Select **Update**.
9. Pop-up after releasing the action.

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WEBAPP500: 10/13/2023 — 3:03 PM Show Print Friendly Version

Health Registration Form (SF-2809)  
TRAINING, MIGUEL

EPIC Processing Status: New Status Code: I -- Select a status code and click the Update button --

Asterisks (\*) indicate required fields

Key Data\* Insurance\* Other Tab 4 **Contact** Accounting Family Members Notes

**Personnel Contact**

Last Name TRAINING First Name LYNN

**Phone Numbers**

Personnel Contact ( 504 ) 426 - 0000

Agency Official ( 504 ) 426 - 1111

Employee ( 504 ) 426 - 2222

train.nrc.usda.gov

Family or Self Plus One Option specified. Family Member(s) are required. Status marked Incomplete. Add Family Member(s) and then release document.

Document Type: 180 Clear

The screenshot displays the EPIC Health Registration Form (SF-2809) for TRAINING, MIGUEL. The form is titled "Health Registration Form (SF-2809) TRAINING, MIGUEL". At the top, there is a navigation bar with links for Document List, Search, New, Rollback, Reports, HCUP, Home, Help, and Log Out. Below the navigation bar, there is a status bar showing "EPIC Processing Status: New" and "Status Code: I". A dropdown menu is set to "-- Select a status code and click the Update button --" with an "Update" button next to it. The main form area has tabs for Key Data\*, Insurance\*, Other, Contact, Family Members\* (selected), and Notes. The "Family Members\*" tab contains a "Member" section with the following fields: Last Name\* (TRAINING), First Name\* (SHANTELL), Middle Initial, SSN (881000001), Date of Birth\* (02/24/1987), Gender\* (Female selected, Male unselected), Relationship\* (Spouse), Preferred Phone Number, Email Address, Medicare Claim Number, and Private Insurance Name. There are also checkboxes for Medicare A, B, and D, and a dropdown for "Are you covered by insurance other than Medicare?". The "Member Address" section includes fields for Street, City, State, and Zip Code. At the bottom of the form, there is an "Insert Cancel" button. The document type is listed as 180.

## Family Member Tab

1. Select the **Family Member Tab**.
2. Select **OK**.
3. Select **Add Member**.
4. Enter the last name of the family member in the **Last Name\*** field.
5. Enter the first name of the family member in the **First Name\*** field.
6. Enter the social security number of the family member in the **SSN** field.
7. Enter **Date of Birth**.
8. Select the appropriate radio button to select the family member's gender in the **Gender\*** field.
9. Select the relationship of the family member to the employee from the **Relationship\*** drop-down list.
10. Select the appropriate response from the **Are you covered by insurance other than Medicare?** drop-down list.
11. Select **Insert**.
12. Select the appropriate status code from the **Select a status code and select the Update button** drop-down list.
13. Select **Update**.
14. Select **OK**.