

FEHB Handbook Sample TCC Notice for Separating Employees

Sample Notice for Separating Employees

An employing office may use the following sample notice to notify separating employees of their TCC rights upon separation:

Dear (name):

Your coverage in the Federal Employees Health Benefits (FEHB) Program ends on the last day of the pay period in which you separate from Federal service, subject to a 31-day extension of coverage (at no cost to you) with opportunity for conversion to an individual contract with your insurance carrier.

You also have the right to temporarily continue your FEHB coverage for up to 18 months after your separation instead of converting to an individual contract at this time. You may select any plan in the FEHB Program in which to continue your coverage if you are eligible to enroll in the plan. To continue your coverage, you must pay the full amount of the premium (both the employee and Government shares) plus a 2 percent administrative charge. If you choose to continue your coverage, you have the free coverage described above for the first 31 days. Your Temporary Continuation of Coverage (TCC) enrollment and premium charges begin on the day after the 31-day period of free coverage ends. If you continue TCC to the end of the 18-month period, you will have another 31-day extension of coverage with opportunity for conversion to an individual contract.

If you are interested in continuing your FEHB coverage, you can get additional information and an election form by calling (Name of person to contact) at (telephone number) or you can pick up the material at the following address: (enter address).

If you want to continue your coverage, your election form must be received at the address shown below within 60 days after the date of separation or 65 days after the date of this notice, whichever is later. Bring or mail your election form to: (enter address)

We also want to inform you that the Patient Protection and Affordable Care Act (ACA) did not eliminate TCC or change the TCC rules. If you would like to learn more about the ACA including the health insurance marketplace, please visit www.healthcare.gov.

Sincerely,

(Name of appropriate official)

If your employing office gives this notice directly to you, it should add the **following note** and make two copies of the notice:

I acknowledge receipt of this notice.

Employee's signature

Date
