

**FEHB Handbook Sample TCC Notice for Ineligible Family Members - Children**

Sample Notice for Child

Employing offices may use the following sample notice of TCC rights when timely notified of an employee’s child's loss of FEHB coverage:

Dear (child's name):

Your coverage in the Federal Employees Health Benefits (FEHB) Program as a family member of (enrollee's name) ended when you (enter reason), subject to a 31-day extension of coverage (at no cost) 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 36 months after the date of (enter reason) 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. If you choose family coverage, your spouse and your children will also be covered. To continue your coverage under the temporary continuation of coverage (TCC) provision, 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, during the first 31 days you have the free coverage described above. Your TCC enrollment and premium charges begin on the day after the 31-day period of free coverage ends. If you continue the coverage to the end of the 36-month period, you will have another 31-day extension of coverage with opportunity for conversion to an individual contract.

An election form and detailed information about your opportunity to continue coverage is enclosed. You may get additional information by calling (name of contact) at (telephone number).

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 your (enter reason) 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](http://www.healthcare.gov).**

Sincerely,

(Name of appropriate official)

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

**I acknowledge receipt of this notice.**

**Child's signature**

**Date**

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**If someone other than yourself (the enrollee) notified the employing office of your child's loss of coverage, the sample notice's last paragraph should be replaced by the following paragraph:**

**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 your (enter reason). Bring or mail your election form to: (enter address).**