

Sample Notice

FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

Request By Enrollee to Remove a Family Member from FEHB Enrollment

Family Member Type: Child Who Has Reached Age of Majority¹

An eligible adult child may be removed from a Self Plus One or a Self and Family enrollment if the child is no longer dependent upon the enrollee. The enrollee must submit a request to the agency for approval. The request must include proof that the child is no longer a dependent (by providing the enrollee's most recent tax return or a signed affidavit attesting that the child is no longer a dependent under the IRS definition of dependent) and a Health Benefits Election Form (Standard Form (SF) 2809).

The enrollee must complete the following sections of the SF 2809:

- a. Part A (lines 1-12 , and specific information for family member(s) being removed starting with line 13)
- b. Part B
- c. Part H

A child's removal is considered a cancellation. A removed child is not eligible for the 31-day temporary extension of coverage, conversion to an individual policy, or temporary continuation of coverage (TCC). Eligibility for your surviving family members to continue your health benefits enrollment if you die may be impacted. See your employing office for additional information.

A removed child may only regain coverage under the applicable Self Plus One or Self and Family enrollment if requested by the enrollee during the annual Federal Benefits Open Season or within 60 days of the removed child losing other health insurance coverage. The enrollee must provide written consent to

¹ The "age of majority" is the age at which a child legally becomes an adult and is governed by state law. In most states the age is 18; however, some states allow minors to be emancipated through a court action. OPM will not maintain a list of state age laws on our website, but for more information visit: <http://statelaws.findlaw.com/family-laws/legal-ages.html>. The age listed in statute for each state is all that needs to be determined unless the parent provides an emancipation court order.

reinstatement of coverage from the child and demonstrate eligibility of the child as a family member.

In most cases, this is not an opportunity to change plans, plan types or enrollment type.

The effective date of removal is the first day of the third pay period following the date the request is approved by the agency for enrollees who pay bi-weekly and the second pay period following the date that the request is approved by the agency for enrollees who pay premiums monthly.

Please submit the appropriate request and proof the child is no longer your dependent to your agency.

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Request By Enrollee to Remove a Child Who Has Reached the
Age of Majority from FEHB Enrollment

Family Member Type: Child who has reached age of majority

Name of Enrollee:

Name of FEHB Health Plan/Enrollment Code:

Name of Family Member:

Address of Family Member:

Email of Family Member:

Phone Number of Family Member:

I am the enrollee of the above-indicated FEHB enrollment. I am requesting that the above named child be removed from my enrollment. I affirm that the named child is of the age of majority in their state of residency (my state of residence if the child's state of residency is unknown) and that the child is no longer my tax dependent. By my signature I acknowledge that this is a voluntary action and I understand the impact this could have on this child's FEHB coverage and ability to regain FEHB coverage in the future and that all the information I have provided is true and correct to the best of my knowledge.

(Signature - Enrollee)

(Date)