

Benefits for LGBT Federal Employees and Annuitants: Questions and Answers

- Q: A federal employee is going to retire in the next couple of years. The employee has a partner and wants to know if the employee and partner should marry before the employee retires in order for the partner to be eligible for medical and other spousal benefits after the **employee** retires.
 - A: Same-sex couples who are in a civil union or other forms of domestic partnership other than marriage are ineligible for most benefits. There are two big exceptions.
 - FLTCIP allows those individuals who satisfy the same-sex domestic partnership standard to be treated as qualifying relatives for Federal employees and annuitants.
 - Also, employees may elect at retirement an insurable interest annuity for anyone, including domestic partners or partners to a civil union, as long as the retiree can show he/she is in good health and the person designated for this benefit can show that he/she has an insurable interest in the continued life of the employee. An insurable interest annuity is a **different** survivor benefit from a spousal survivor annuity benefit, so be aware that an insurable interest annuity provides a different level of benefits than a survivor annuity for a legal spouse.

- Q: A federal employee is going to retire in the next couple of years. The employee has a partner and currently has blood relatives as TSP beneficiaries. Can this TSP beneficiary be maintained if the employee marries a partner? Does the spouse have automatic rights to pension and benefits even if employee does not elect the spouse as a beneficiary?
 - A: OPM does not administer TSP benefits. You can go to www.tsp.gov to learn more about specific benefits. The experts at the Federal Retirement Thrift Investment Board also provided webcasts on TSP options, which are available in the [Benefits Officers Center](#).
 - As for the last part of the question, only when there are no designations in your case, then the next person in the order of precedence is a legal spouse. Generally, if you are married at the time of retirement, you are required to provide full survivor benefits for your spouse, unless your spouse consents to lower coverage or consents not to receive survivor benefits.

- Q: My wife is disabled and a federal employee. What can I offer her with Long-Term Insurance?
 - A: Long term care insurance with FLTCIP can cover the costs of non-medical day-to-day care in your home, at an assisted living facility, or at a nursing home. There is a wide range of coverage options from which to choose. Your spouse can apply for FLTCIP at any time with full underwriting, which means she will need to answer medical questions and must be approved before she can enroll. More info is available at www.LTCfeds.com.

- Q: I married my same-sex partner in Nov. 2014. I will be retiring in April of 2018. Can I wait until the open season in Nov. 2018 and add him to my Federal Health Insurance policy at that time?

- A: Yes you may Event wait until Open Season to make a change if you do not want to make a Qualifying Life change.
- Q: Will any children affected by the change in FEHB and FEDVIP benefits for children of domestic partners be eligible for Temporary Continuation of Coverage if their parents fail to get married before January?
 - A: When a child loses eligibility for FEHB, for example, turning age 26 or as a result of this change, they are eligible to enroll in Temporary Continuation of Coverage (TCC).
- Q: Will an employee have to payback benefits received in 2016 for a child affected by the policy if the employee fails to tell HR until much later that the child became ineligible for benefits in January?
 - A: If a person ineligible for FEHB benefits receives benefits, the contract holder may be responsible. Please see your Human Resources office.
- Q: How do I handle insurance for a spouse who lives in a different state than I do? This is permanent. I live in Maryland she lives in Colorado. Health Care, vision and dental are the coverages.
 - For FEHB, you may want to enroll in a Fee-For-Service plan that provides coverage nationwide and internationally.
 - FEDVIP offers six nationwide dental plans and four nationwide vision plans. Employees with covered family members in other states often choose a nationwide plan because in-network providers can be close by even though the family member is far away.
- Q: If I were to die while an employee, what are the qualifications that would allow my same sex spouse to receive survivor benefits?
 - A: If a CSRS employee dies, recurring monthly payments may be made to the surviving spouse if the employee completed at least 18 months of creditable service and was covered under CSRS at the time of death.
 - To qualify for the monthly benefit, the surviving spouse must have been married to the employee for at least nine months prior to death.
 - If the death occurred before nine months, a survivor annuity may still be payable if the employee's death was accidental or there was a child born of the marriage.
 - If a FERS employee dies with at least 18 months of creditable civilian service under FERS, the Basic Employee Death Benefit may be available for the surviving spouse. If a FERS employee dies, recurring monthly payments may be made to the surviving spouse if the deceased employee completed at least 10 years of creditable service (18 months of which must be civilian service). The same nine-month marriage requirement exists for establishing entitlement to the FERS Basic Employee Death Benefit and a FERS spousal survivor annuity , and the same exceptions to the 9-month marriage requirement apply

(i.e., the 9-month marriage requirement will not apply if the employee's death was accidental or there was a child born of the marriage).

- You can go to the [Life Event webpage for Death/Survivors](#) to learn more.
- Q: I often hear FMLA mentioned in relation to pregnancy and childbirth. If my spouse is pregnant, what FMLA entitlements am I eligible to use?
 - A: FMLA can be used for
 - the birth of a son or daughter of the employee and the care of such son or daughter;
 - the placement of a son or daughter with the employee for adoption or foster care; or
 - the care of spouse who has a serious health condition, which includes any incapacity due to pregnancy or childbirth.
 - So you can use it for Prenatal care, to care for your spouse for any “period of incapacity related to the pregnancy”, so for morning sickness, and to care for spouse after birth. You can also use FMLA to bond with or care for your newborn.
 - However, you also can use other programs, like sick leave, for prenatal care or care of your spouse with morning sickness or for her recovery following childbirth. We suggest you read our Handbook on Leave and Workplace Flexibilities for Childbirth, Adoption, and Foster Care to explore all your options.
- Q: I am interested in learning about what medical insurance is recognizing “gender dysphoria”—will medical coverage be broadened to cover surgery or even regular check-ups?
 - A: Beginning in 2011 (Carrier letter 2011-12), OPM emphasized that transgender individuals should be provided appropriate preventive services in accordance with their individual medical status. For example, an individual who transitions from female to male may still need pap smears if they have not undergone a hysterectomy.
 - Effective January 1, 2016, no carrier participating in the Federal Employees Health Benefits Program may have a general exclusion of services, drugs or supplies related to gender transition or “sex transformations.”
 - All plans complied with the OPM directive to remove blanket exclusions. There are plans in every state that will offer mental health services, hormone therapy, and gender re-assignment surgery.
 - Plans differ in their covered services and procedures. Members seeking specific services should consult plan brochures posted by state at www.opm.gov/insure.
- Q: How would an individual know what is medically necessary?
 - A: Brochures contain links to the plan websites and plan contact information (see www.opm.gov/fehbrochures). Members/prospective members may contact the health plan directly to learn more about medical necessity criteria, pre-authorization,

and/or pre-certification. As an example, many carriers require a period of hormone therapy before surgery will be approved for coverage.

- Q: Do my girlfriend and I have to be legally married in order for me to list her and our son as beneficiaries on my life insurance policies and on my TSP plan?
 - A: There is a spousal benefit for TSP. OPM does not administer TSP benefits. You can go to www.tsp.gov to learn more about specific benefits. The experts at the Federal Retirement Thrift Investment Board also provided a webcast on TSP options, which is available in the Benefits Officers Center at www.opm.gov.
 - You can name anyone you want as a beneficiary of your FEGLI life insurance coverage.

- Q: When we adopt our child, how soon can they be added to my health insurance plans?
 - A: The QLE window is 31 days before to 60 days after the adoption is final. The child is adopted if the adoption decree is final. The child also is considered adopted if the adoption decree is interlocutory and State law provides that the rights of the child generally are the same as those of an adopted child. If you change from Self Only to Self and Family or in the future, Self Plus One, because of the birth or addition of a child, the effective date of your enrollment change is the first day of the pay period in which the child becomes a family member. If you are currently enrolled in Self and Family you may contact your health plan to notify them of your new family member.

- Q: Can a retired Federal gay Employee change their status from single to married if they get married? I have been with my partner for 30 years and retired in 1996. Only recently has our state allowed gay marriages.
 - A: Yes. If you are a retiree under the Civil Service Retirement System or the Federal Employee Retirement System, [contact OPM](#) to make changes to your retirement based on your marriage.

- Q: If my partner, who also is a Federal Employee, leaves the Fed workforce, or retires, can I add my partner to my Federal healthcare plan?
 - A: Retiring is not a Qualifying Life Event to change coverage. You would need to wait until the next Open Season to add your spouse to your healthcare plan.

- Q: Is my 23 year old son an eligible family member for FEDVIP and FEGLI Option C?
 - A: No, regular FEDVIP and FEGLI Option C coverage ends for children at 22. There may be exceptions if you get your child certified by your agency as incapable of self-support due to a disability that existed before age 22.

- Q: I don't remember who I put down as my FEGLI beneficiary. What do I do?

- A: Contact your human resources office or OPM's Retirement Office if you have retired, to find out who you listed as your FEGLI beneficiary. For annuitants, because it can take a long time to retrieve your FEGLI beneficiary records from your paper file, you may just want to submit a new designation exactly the way you want it.
- Q: I have moved. How do I change my address for my dental or vision plan?
 - A: Contact BENEFEDS at www.benefeds.com or 1-877-888-3337
- Q: How do I check the status of a FSAFEDS claim?
 - A: You can check the status of a FSAFEDS claim online by logging into your account at www.fsafeds.com, or you can call 1-877-FSAFEDS.
- Q: Can I cancel my FEDVIP enrollment when I retire from the Federal government?
 - A: You can only cancel your FEDVIP dental or vision enrollment during the annual Federal Benefits Open Season in November and December, or when you have a qualifying life event. Retirement is not a qualifying life event.
- Q: Can I have dental insurance only, or vision insurance only, or do I have to choose both dental and vision?
 - A: You do not have to choose both dental and vision—you can choose one or the other if you would like.
- Q: How much money can I put into a Healthcare FSA? What about dependent care FSA?
 - A: You can elect up to \$2,550 per participant in a health care flexible spending account and up to \$5,000 per household in a dependent care FSA.
- Q: If you want to provide survivor benefits to your spouse, do I have to pay back the amount that would have been deducted if I had been married?
 - A: If you elect to provide a survivor annuity for your spouse at retirement, OPM is statutorily required to reduce your annuity to pay for the cost of the survivor annuity benefit. If you elect to provide a survivor annuity for a spouse acquired after retirement, in addition to the regular reduction to your annuity to pay for the cost of the survivor annuity, you also must pay for the cost of a deposit. The deposit is an actuarial reduction to your annuity representing the amount your annuity would have been reduced had the reduction for the survivor benefit been in place from the date your annuity commenced to the date your survivor annuity became effective, plus interest. I recommend going to the [Life Events webpage on Marriage/Divorce](#). You can find information about marriage after retirement there. You can also [contact OPM Retirement Services](#) to talk about the specifics of your case.
- Q: I have Family election on FSAFEDS and I have added my spouse on my Federal Health Insurance. Is she covered on the FSA Family or do I have to add her name to FSA?

- A: Your health care flexible spending account will accept claims from your eligible family members: your spouse and your children under age 26. There is no need to register qualifying family members unless FSAFEDS requests supporting documentation.
- Q: Do we have to request supporting medical documentation for someone to support morning sickness if wanting to use leave under FMLA for this purpose?
 - A: It is up to agency policy if they want to request supporting medical documentation for FMLA absences. If you are an agency HR person who is asking, ask your supervisor about your agency policy.
- Q: How about qualifying exigency leave under FMLA? What documentation do we need for this support? If someone wants to take care of their children (i.e. getting them to and from daycare due to the spouse's deployment when that spouse used to perform this task?)
 - A: If someone wants to use qualifying exigency leave to take care of their children when their spouse used to perform these tasks, they can use the benefit to change their arrangement (i.e. find a new daycare, make other arrangement) but not to regularly perform this task.
 - Agencies have the option to ask for documentation to support a request FMLA Qualifying Exigency Leave. Our fact sheet on [FMLA Qualifying Exigency Leave](#) provides all of that information, so we suggest you consult it for the details.
 - However, to provide some details, that agency could ask for such things as—
 - a copy of the covered military member's active duty orders
 - A statement, signed by the employee, of facts regarding the qualifying exigency for which the leave is requested, such as the type of qualifying exigency this represents and any available written documentation that supports the request for leave (such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs);
 - The approximate date on which the qualifying exigency commenced or will commence;
 - If it is requested for a single, continuous period of time, the beginning and end dates of the absence;
 - If it is requested intermittently, an estimate of the frequency and duration of the qualifying exigency; and
 - If it involves meeting with a third party, a brief description of the purpose of the meeting and contact information for the third party with whom the employee is meeting
- Q: How do we update our designated beneficiaries on file for death benefits, survivor benefit and retirement?

- If you are a Federal employee, check with your agency's HR office to obtain the forms to update your designation of beneficiary for CSRS or FERS retirement, FEGLI, and TSP (if you are a FERS employee). If you are a Federal retiree, contact OPM Retirement Services.
- Q: If you missed the QLE timeframe, when can you change your FEGLI beneficiary info - is there an open season?
 - A: You can change your FEGLI life insurance designation at any time. Submit Standard Form SF 2823 to your human resources office, or submit it to OPM's Retirement Office if you are an annuitant.
- Q: Could OPM adopt a "universal definition" of a federal employees' family members who qualify for employee benefits (FEHB, LTCI, life insurance, pension survivor rights, etc.). Something very broad and inclusive of today's federal employee's families: "Anyone who by affinity or blood relation is considered a family member?" Then have each HR department register all who have access to benefits. This is the model that most of the country's Fortune 500 companies apply. Why can't the federal government do the same?
 - Unfortunately, because most Federal employee benefits are statutorily defined, including those who are eligible for survivor benefits, it is not possible for OPM to adopt a universal definition, since it is Congress that has provided the definitions and qualifications.
- Q: Since not all federal employees are covered by Title 2 of FMLA will OPM coordinate change of regulation with the US Department of Labor for changes to Title 1 regulations.
 - A: Yes, DOL has published a final regulation on February 25, 2015; they became effective March 27, 2015. OPM is in the process of conforming our regulations to theirs.
- Q: In regards to designation, an employee can designate a trust, true? Also it is true that nothing, including a will, can trump a designation?
 - For FEGLI life insurance, you can designate a trust. Instructions are available on the designation form and in the FEGLI handbook at www.opm.gov/life
 - By law, FEGLI benefits are paid according to the most recent valid designation on file with your employing agency, or if there's no valid designation, then according to the order of precedence provided by law. A will cannot supersede your designation or even the order of precedence, so it's important to make sure your designation is up to date.
 - A designation of beneficiary does "trump" a will for purposes of paying the CSRS and FERS lump-sum death benefit. OPM pays the lump-sum death benefit in accordance with the order of precedence under 5 U.S.C. 8342(c) for CSRS and 5 USC 8424(d) for FERS, and may not look to anything else, including a will, to determine eligibility for this benefit. The person designated by the employee is the first potential recipient under

the order of precedence, and therefore, receives priority over all other potential recipients.

- For CSRS or FERS survivor benefits, you can designate a testamentary trust for the lump sum payable at death. A testamentary trust is a trust that is set up when you die, according to terms in your will. Use [SF 3102](#) if you are under the FERS system or [SF 2808](#) if you are under the CSRS system. Information about designating a trust can be found in [chapter 34 of the CSRS and FERS Handbook](#). You can find the handbook in the Publications/Forms section of the OPM website. Be aware that the lump sum benefit is **different** than the monthly survivor benefit payable to a legal spouse or other eligible beneficiaries.
- Q: What notification was made to federal retirees to notify them of newly available spousal annuity options for married same-sex couples? Are they or have they been offered recalculation and counseling?
 - A: OPM issued Federal Register notices on August 2, 2013, and September 25, 2014, providing retirees, annuitants, and surviving spouses information regarding their rights and obligations associated with survivor annuity benefits for same-sex spouses. See 78 Fed. Reg. 47018 and 79 Fed. Reg. 57589. Additionally, in December 2013 and December 2014, OPM sent annuitants their annual “Notice of Annuity Adjustments,” and included information in these notices about making survivor annuity elections for same-sex spouses. If a retiree marries, the retiree can also always [contact OPM](#) to make the adjustments based on the marriage.
- Q: Retirees getting a pension can choose to get a spousal annuity, right? If a retiree has been receiving a single-life annuity, then chooses to get a joint-and-survivor annuity, there will be an actuarial adjustment to the monthly amount. Does the adjustment take into account the amount the retiree has already received?
 - A: To answer this question, we need to be clear about the type of survivor annuity election the retiree is making. If a retiree is **married at retirement**, an election for a survivor annuity benefit must be made at retirement, or if an annuitant wants to increase the amount of a survivor annuity provided to a spouse at retirement, he or she must elect that increase within 18 months of the retirement.
 - If the retiree is **not married at retirement** but then gets married after retirement, the election needs to be made within the 2-year period following the marriage. If a person elects a survivor annuity for a spouse acquired after marriage, OPM must reduce the annuitant’s annuity by the cost of the survivor annuity benefit. The retiree who gets married after retirement needs to make the survivor annuity choice within the 2-year period following the marriage. Additionally, OPM must collect a deposit (through an actuarial reduction to the annuitant’s annuity) representing the amount the annuitant would have received had the survivor election been in place from the annuity commencing date to the effective date of the election, plus interest.

- You can find more information about benefits changes based on a marriage after retirement by going to the [Life Events webpage on Marriage/Divorce](#). You can also [contact OPM Retirement Services](#) to talk about the specifics of your case.
- Q: Can a same sex partner change his name with our agency? He wants to carry his partner's last name.
 - A: Check with your agency's HR office to find out the processes to change the name in the systems.
- Q: I am a retired Federal employee who was married on March 16, 2014 and want to add my partner/spouse to my health insurance. Blue Cross Blue Shield is my secondary and Medicare my primary. Please advise how to proceed.
 - A: If you want to add your spouse to your FEHB plan, then you would need to wait until Open Season since the time has expired for the marriage qualifying life event.
 - For information on Medicare to include enrollment you may visit the Medicare website at www.medicare.gov.