
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 1999-034

Date: August 6, 1999

Fee-for-service [28] Experience-rated HMO [29] Community-rated [29]

SUBJECT: Notification of certain enrollment changes

Several carriers have asked us to clarify who is responsible for notifying you of certain enrollment changes. Conversations with agencies, carriers, and enrollees indicate there is much confusion in this area.

Enrollment changes that do not require an SF 2809

Enrollees are responsible for telling carriers about certain changes to self and family enrollments that do not affect premium withholdings. These include:

- addition of certain dependents (such as natural children);
- addition of a spouse;
- removal of a spouse due to death or divorce.

Adopted children may be added when the enrollee provides you a final adoption decree. The child is also 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.

Stepchildren may be added without employing office involvement. A stepchild is the legitimate, adopted, or recognized natural child of the enrollee's spouse who is living in the enrollee's household.

You are to accept these changes and additions directly from the enrollees. You do not need a completed SF 2809 Health Benefits Election Form or any agency verification in these situations. Many employing offices generated SF 2809s to be helpful to the enrollees and carriers even though they were never required. Some agencies, such as the United States Postal Service, are encouraging their employing offices to stop producing "information only" SF 2809s. We support their attempt to reduce their workload by eliminating this unnecessary paperwork.

If you have questions concerning the validity of a change, you may ask the enrollee for proof of the event permitting the change. For example, you may request a copy of the marriage certificate when adding a spouse to an existing self and family enrollment.

Enrollment changes that require an SF 2809

Employing offices are responsible for processing all enrollment changes that affect premium withholdings, i.e., changes from self only to self and family or vice versa. In these situations you

will receive either a completed SF 2809 from the employing office or an Employee Express transmittal. **Do not** accept these types of changes directly from enrollees.

Other changes authorized by employing offices

There are also situations where employing office involvement in determining the eligibility of a dependent may be necessary: 1) an employee adding a foster child to his/her existing self and family enrollment; and 2) continued coverage for disabled children over age 22.

1) Foster children

To be considered a foster child, the child must be financially dependent on and live with the enrollee in a regular parent-child relationship. The enrollee must also expect to raise the child to adulthood. A foster child may be covered if the enrollee has a court order establishing guardianship or provides his/her employing office a signed certification (sample attached) stating that the foster child meets all the requirements and that the enrollee will notify the employing office if the child marries, moves out of the home, or stops being financially dependent on the enrollee. The employing office will inform you when a foster child is added to an enrollment by sending you a copy of the court order or signed certification.

2) Disabled children

In many cases you can make disabled child determinations by following the procedures outlined in FEHBP Letter 97-32, dated August 12, 1997. You may approve continued coverage if the child's condition is on the list of disabilities approved by OPM and the enrollee submits documentation confirming the medical condition. If the child's condition is not on the OPM list, or the documentation does not confirm the child's medical condition, the employing office must make the determination and is responsible for notifying the plan of the determination.

Changes authorized by FEHB Letter 1999-07

The guidance provided in this letter supplements that contained in FEHB Letter 1999-07, dated February 9, 1999. That letter instructed carriers to make certain enrollment changes, including disenrollments, to conform their enrollment data with that received from agencies during the enrollment reconciliation process. The procedures outlined in Letter 1999-07 are still in effect.

The situations listed above affect all of your enrollees regardless of their agency. Please process enrollment changes according to these guidelines. For situations in which you conclude disenrollment may be appropriate, e.g., a child survivor annuitant with a self only enrollment turns age 22, please follow procedures in FEHBP Letter 1999-07.

If you have any questions, contact Jay Fritz of my staff at 202/606-0004 or JDFRITZ@OPM.GOV.

Sincerely,

(signed)

Frank D. Titus
Assistant Director
for Insurance Programs

Attachment

CERTIFICATION FOR FOSTER CHILDREN

I have been informed of the following requirements for coverage of a foster child under Option C of the Federal Employees= Group Life Insurance Program and/or the Federal Employees Health Benefits Program.

1. The child must be unmarried and under the age of 22. (If the child is over age 22, he/she can only be covered if he/she is incapable of self-support because of a disabling condition that began before age 22. I must provide documentation of this to my employing office.)
2. The child must be living with me.
3. The parent-child relationship must be with me, not with the biological parent. This means that I am exercising parental authority, responsibility, and control; I am caring for, supporting, disciplining, and guiding the child; I am making the decisions about the child's education and health care.
4. I must be the primary source of financial support for the child.
5. I must expect to raise the child to adulthood.

I understand that if the child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability, or unless I obtain a court order taking parental responsibility away from the biological parent.

This is to certify that: *(name of child)* lives with me; I have a regular parent-child relationship with *(name of child)*, as described above; I am the primary source of financial support for *(name of child)*; and I intend to raise *(name of child)* into adulthood.

I will immediately notify my employing office (and the health benefits carrier, if the child is covered under FEHB) if the child marries, moves out of my home, or ceases to be financially dependent on me.

(Print name of employee/annuitant)

(Employee/annuitant/s Social Security #)

(Signature of employee/annuitant)

(Date)