
FEHB Program Carrier Letter

All FEHB Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2018-11

Date: August 21, 2018

Fee-for-Service [9]

Experience-rated HMO [9]

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SUBJECT: Federal Employees Health Benefits Program: Removal of Eligible Individuals from Existing Enrollments

On January 23, 2018 the Office of Personnel Management (OPM) released a final rule (available [here](#)) amending Federal Employees Health Benefits (FEHB) Program regulations to allow family members to be removed from existing Self Plus One or Self and Family enrollments in certain limited situations. This Carrier Letter provides specific guidance to carriers on the situations that allow for removal and the removal process.

Removal of Eligible Individuals from Existing Enrollments

The following eligible family members may be removed from a Self Plus One or a Self and Family enrollment:

- Spouse—A spouse may be removed if both the enrollee and the spouse provide a notarized request for removal to the enrollee’s agency.
- Adult child—A child who has reached the age of majority in the child’s state of residence (the enrollee’s state of residence if the child’s is not known) can be removed in one of two situations:
 - The enrollee provides proof that the child is no longer his or her dependent. The child can be removed without the child’s consent.
 - The child requests to be removed and provides a notarized request for removal.

Minor children can only be removed from an enrollment by court order.

Process

To effectuate a removal, the Employing Agency/ Retirement System will send the appropriate plan a Standard Form (SF) 2809. The SF 2809 will include the word “Remove” and the name and the birthdate of the family member in Part I (Remarks) of the SF 2809.

The Carrier will then remove that individual from coverage. The effective date of removal is the first day of the third pay period following the date the request is approved by the employing office for employees who pay bi-weekly and the second pay period following the date that the request is approved by the employing office for enrollees who pay premiums monthly.

The family member’s removal is considered a cancellation. Removed family members are not eligible for the 31-day temporary extension of coverage, conversion, or temporary continuation of coverage (TCC).

Regaining Coverage

If an eligible family member is removed, he or she 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 family member losing other health insurance coverage. The enrollee will contact his agency and must provide written consent to reinstatement of coverage from the family member and demonstrate eligibility of the spouse or child as a family member.

In order to add the family member back to the coverage, the employing office will complete a SF 2809 stating “Add (name of family member and birthdate)” in Part I (Remarks) of the SF 2809.

For additional information on agency actions or tribal employer actions refer to Benefits Administration Letter 18-201 or Tribal Benefits Administration Letter 18-601.

If you have questions, please contact your Health Insurance Specialist.

Sincerely,

Alan P. Spielman
Director
Healthcare and Insurance