

FEHB Handbook Sample TCC Notice for Ineligible Family Members - Former Spouses

The employing office may use the following sample notice of TCC rights when the employee or the employee's former spouse timely notifies the employing office:

Dear (former spouse's name):

Your coverage as a family member in the Federal Employees Health Benefits (FEHB) Program ended when you were divorced or your marriage was annulled, 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 your divorce or annulment 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 a family enrollment, it will cover yourself and the children of both you and the Federal employee under whose enrollment you have been covered. If your former spouse still carries a family enrollment, you can enroll for self only. To continue your coverage under the Temporary Continuation of Coverage provision (TCC), 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. The 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.

Enclosed is an election form and detailed information about your opportunity to continue your coverage. You can 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 divorce or annulment or 65 days after the date of this notice, whichever is later. Bring or mail your election form and a certified copy of the divorce decree or another document showing your divorce date 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.

Sincerely,

(Name of appropriate official)

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

I acknowledge receipt of this notice

Former spouse's signature

Date

If someone other than you or your former spouse notified the employing office of his/her 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 divorce or annulment. Bring or mail your election form to: (enter address).