



United States Office of Personnel Management  
Healthcare and Insurance

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## **Benefits Administration Letter**

**Number:** 25-203

**Date:** December 16, 2025

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### **Subject: Federal Employees Health Benefits Program: Disenrollment or Removal of Ineligible Individuals<sup>1</sup> from Coverage**

On July 4, 2025, the Federal Employees Health Benefits (FEHB) Protection Act of 2025 was signed into law as part of Public Law 119-21. In accordance with the law's requirement to develop processes to remove ineligible individuals from health benefits plans enrollments, this Benefits Administration Letter (BAL) restates [BAL 20-203](#), which outlined established procedures when there are questions or concerns about a family member's FEHB eligibility. This letter also serves as a reminder that health benefits disenrollment and removal procedures for ineligible enrollees and ineligible family members are delineated in regulation at 5 CFR 890.308 for Federal Employees Health Benefits plans and 5 CFR 890.1608 for Postal Service Health Benefits (PSHB) plans. In this BAL, the Federal Employees Health Benefits Program includes the FEHB and PSHB Programs.

### **Background**

In 2018, the Office of Personnel Management (OPM) published regulations at [83 FR 3059](#) that provided a process for removing ineligible family members

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<sup>1</sup> The FEHB Protection Act as enacted in P.L. 119-21 requires that OPM develop a process to remove or disenroll any ineligible enrollee or family member. For the purposes of this Benefits Administration Letter, OPM uses the term "ineligible individual" to refer to ineligible enrollees and ineligible family members.

from FEHB Program Self Plus One and Self and Family enrollments. That 2018 rule allows an employing office, OPM, or a Carrier to request proof of family eligibility at any time for enrollments and outlines the steps employing offices need to take when requesting proof. It also explains how to request reconsideration of a decision to remove an individual from coverage.

In Carrier Letter 2025-15, "Disenrollment or Removal of Ineligible Individuals from Coverage" Carriers are instructed to copy the employing office when they request verification of family member eligibility, make eligibility determinations, or when they receive a reconsideration request in error. The employing office must retain these letters as delineated in section II A ("Eligibility verification documents approved") of this letter.

## **I. Requesting proof of family member eligibility for existing enrollments**

### **A. Request for verification of FEHB or PSHB eligibility**

An employing office may request that an enrollee verify the eligibility of any or all family members covered under the employee's FEHB or PSHB enrollment at any time.

To verify eligibility, the employing office shall send the enrollee a request for appropriate documentation of the family member or members' relationship (see Attachment 1: Sample Letter "Request for Verification of Family Member Eligibility"). The request must contain a written notice that the family member(s) will no longer be covered 60 calendar days after the date of the notice unless the employee provides appropriate documentation as listed in Attachment 5: FEHB Family Member Eligibility Documents.

### **B. Documents used as proof of family member eligibility**

Appropriate documentation includes, but is not limited to, copies of birth certificates, marriage certificates, and, if applicable, other proof of family member eligibility. See Attachment 5: FEHB Family Member Eligibility Documents for a list of acceptable documentation.

**Foster Child:** The employing office must initially determine a foster child's eligibility. Please note that the "Statement of Foster Child Status" to a "Certification of Foster Child Status" form **requires an employing office official's signed approval**. Employing offices must use the "Certification of Foster Child Status" form for any new foster child determinations. See the FEHB Program Handbook at [Family Members](#) for more information on foster child eligibility.

Carriers may ask the employing office to provide a copy of an enrollee's "Statement of Foster Child Status" or "Certification of Foster Child Status" to verify the employing office's eligibility determination.

**Common law marriage:** Only the employing office can approve eligibility of an individual as an enrollee's common law spouse through examining a declaration of common law spouse and other documents. An enrollee can cover a common law spouse under the FEHB Program only if the marriage was established within a State or other jurisdiction that recognizes such a marriage. (See Attachment 5: FEHB Family Member Eligibility Documents)

## **II. Employing Office actions**

### **A. Eligibility verification documents approved**

If the employing office receives documentation and determines that the enrollee's documentation verifies eligibility of their family member(s), the employing office must notify the enrollee, the family member (see Attachment 2: Sample Letter "Receipt of Eligibility Verification Documents"), and the corresponding FEHB or PSHB Carrier.

The employing office must retain copies of the letters of request and the determination letter in the enrollee's official personnel folder and copy the FEHB or PSHB Carrier to avoid a potential duplicative Carrier request to the same employee. In addition, the employing office must include a copy of family member verification letters received from the FEHB or PSHB Carrier in the enrollee's official personnel folder.

**B. Information provided does not verify family member eligibility**

If the employing office does not receive the requested documentation within 60 calendar days of the request or if it determines that the documentation provided is insufficient to verify eligibility of the family member(s), the employing office must notify the enrollee and the family member of this determination (see Attachment 3: Sample Letter "Verification Documents Not Received" or Attachment 4: Sample Letter "Information Provided Does Not Verify Family Member Eligibility").

This written notice is considered the initial decision and must include an explanation of the employing office's decision, the effective date of the removal of the ineligible family member, and the right to a reconsideration of the initial determination. The employing office must maintain a copy of this letter in the employee's official personnel folder and should send a separate copy to the affected family member when a separate address is known. The employing office must also provide a copy of this letter to the Carrier to process removal of the ineligible family member(s) from the FEHB or PSHB enrollment.

The removed family member may be eligible for a 31-day temporary extension of coverage, conversion, temporary continuation of coverage, or spouse equity coverage in certain limited circumstances; see 5 CFR 890.308(g). Any opportunity to enroll shall not extend beyond the date that opportunity would have ended if the individual had been removed on the date of loss of eligibility.

For example, an enrollee and her spouse divorce on May 4, 2024. The enrollee does not remove the former spouse from the enrollee's Self and Family enrollment, so the former spouse is receiving coverage but is not eligible. In this example, the former spouse is not eligible to receive a former spouse annuity and, thus, not eligible for spouse equity coverage. If the employing office later discovers the divorce and removes the spouse from the enrollment on July 20, 2025, the former spouse is not eligible for a 31-day extension of coverage, conversion and/or temporary continuation of coverage because the regulatory window for election of 60 days outlined in 5

CFR 890.805(a)(1) has passed. The sixty-day window began on the final date of the divorce, May 4, 2024, and ended on July 3, 2024.

Individuals who are removed because they were never eligible as a family member do not have a right to conversion, temporary continuation of coverage, or a 31-day extension of coverage.

### **C. Enrollee or family member request for an extension**

An enrollee or family member may request an extension to provide requested evidence because they are prevented by circumstances beyond their control from responding in a timely way (e.g., delay in receipt of verifying documents from a licensing entity). Employing offices may grant a reasonable extension to the deadline, especially in recognition of circumstances such as national or local emergencies that may impact licensing entities' capabilities to provide documentation.

### **D. Enrollee request to change enrollment type**

If the removal of the ineligible family member results in an enrollment decreasing from three or more persons to two persons or from two persons to one person, the enrollee is eligible to decrease the enrollment type to Self Plus One or Self Only, respectively, within 60 days. The enrollee must submit a Standard Form (SF) 2809 (Event Code 1C<sup>2</sup>) per the employing office's process to request a change in enrollment type.

### **E. Effective date of removal of an ineligible family member**

The removal is effective on the date listed in the initial determination letter (Attachment 1: Sample Letter "Request for Verification of Family Member Eligibility") and is prospective. If the employing office determines that the enrollee or the family member has made an intentional misrepresentation of material fact, the effective date of the removal may be made retroactive to the date of ineligibility.

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<sup>2</sup> The use of Event Code 1C per this BAL for Removal of Ineligible Family Members is limited to decreasing the enrollment type only.

### **III. Reconsiderations**

#### **A. Reconsideration process after disenrolling an ineligible family member**

The employing office must establish a reconsideration process for decisions on removal of ineligible family members, including decisions made by an FEHB or PSHB Carrier. For a removal determination made by the employing office, the reconsideration review and decision must be conducted by an employing office representative (e.g., supervisor or manager) who is at least one level above the employing office representative that made the initial determination. For reconsiderations received from the FEHB or PSHB Carrier on behalf of the removed individual, an employing office representative can conduct the review.

The enrollee or affected family member must file a written request for reconsideration of the initial determination decision to the employing office within 60 calendar days from the date of the initial determination letter. See Attachment 3: Sample Letter "Verification Documents Not Received" and Attachment 4: Sample Letter "Information Provided Does Not Verify Family Member Eligibility" for information that must be included in the reconsideration request. The employing office must provide a copy of the reconsideration request to the FEHB or PSHB Carrier.

#### **B. Enrollee or family member request for extension**

The employing office may extend the time limit for requesting reconsideration when the enrollee or affected family member shows they were not notified of the time limit and were not otherwise aware of it, or that they were prevented by circumstances beyond their control from making the request within the time limit.

#### **C. Reconsideration decision**

The employing office must issue a written notice of its final decision to the enrollee and notify the FEHB or PSHB Carrier of the decision within 30 calendar days of receipt of the request for reconsideration. The notice of its final decision must fully describe the findings and conclusions on which the

decision is based. The employing office should send a separate copy to the affected family member when a separate address is known.

If the reconsideration decision overturns the removal of the family member(s), the FEHB or PSHB Carrier will reinstate coverage retroactively so there is no gap in coverage.

#### **IV. Fraud, waste and abuse**

Employing offices play a critical role in ensuring the integrity of the FEHB and PSHB enrollment process. The employing office representative is the first line of defense against potential ineligible family member coverage. It is vital that agencies remind employees of the rules and their responsibilities pertaining to adding, changing or covering family members. Agencies should also take reasonable measures to verify and confirm eligibility, recognizing that ineligible family members can result in the FEHB Program paying erroneous or even fraudulent claims. Coverage of ineligible family members increases costs for everyone in the Program.

As a reminder, any intentionally false statement or willful misrepresentation, such as knowingly including ineligible family members on an FEHB or PSHB health insurance plan, is a violation of the law, punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 USC 1001) and may be subject to investigation.

#### **V. Reference information**

The OPM website lists the appropriate Carrier contacts at [Plan Contacts - OPM.gov](#).

For more information on family member eligibility, please refer to the OPM website at [Eligibility](#) and the FEHB Handbook at [FEHB Handbook](#).

Due to the possibility of someone losing health insurance coverage, please ensure that all of the above timelines are met. For questions, contact the Agency's Headquarters Benefits Officer.

Please go to [Benefits Officers Database - OPM.gov](#) for a list of agencies and their Headquarters Benefits Officers.

Sincerely,

D. Shane Stevens  
Associate Director  
Healthcare and Insurance

**Attachments:**

- Sample Employing Office /Tribal Employer Letter – Request for Verification of Family Member Eligibility
- Sample Employing Office/Tribal Employer/Carrier Letter – Receipt of Eligibility Verification Documents
- Sample Employing Office/Tribal Employer/Carrier Letter – Verification Documents Not Received
- Sample Employing Office/Tribal Employer Letter – Information Provided Does Not Verify Family Member Eligibility
- FEHB Family Member Eligibility Documents
- Carrier Letter 2025-15 – Disenrollment or Removal of Ineligible Individuals from Coverage