



## ***Benefits Administration Letter***

**Number: 18-201**

**Date: August 21, 2018**

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

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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 Benefits Administration Letter (BAL) provides specific guidance to agencies on the situations that allow for removal of **eligible** family members and the removal process.

A separate BAL will provide specific guidance to agencies on the situations that allow for removal of **ineligible** family members and the removal process.

### **Removal of Eligible Individuals from Existing Enrollments**

The following eligible family members may be removed from a Self and Family or Self Plus One at any time during the plan year:

- Spouse – A spouse may be removed if the enrollee provides a notarized request for removal, signed by both the enrollee and the spouse, 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)<sup>1</sup> 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.

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<sup>1</sup> The "age of majority" is the age at which a child legally becomes an adult and is governed by state law. In most states the age is 18; however, some states allow minors to be emancipated through a court action. OPM will not maintain a list of state age laws on our website, but for more information visit: <http://statelaws.findlaw.com/family-laws/legal-ages.html>. The age listed in statute for each state is all that needs to be determined unless the parent provides an emancipation court order.

Minor children can only be removed from an enrollment by court order. A Federal employee who is the adult child or spouse of another Federal employee can be removed from an enrollment. However, this removal is not a qualifying life event that would allow the adult child or spouse to enroll in his or her own FEHB enrollment, unless the adult child has a spouse and/or child(ren) to cover. In other words, this BAL does not change existing dual enrollment rules where there are Federal employee family members covered under a single enrollment. For more information on dual enrollment requirements [visit our website here](#).

### **Important Reminders**

Enrollees can choose to remove a family member, but generally removal is not required just because the family member has other coverage. In the majority of cases a family member with other health insurance coverage who is also covered under an FEHB Self Plus One or Self and Family enrollment can maintain both coverages and does not need to be removed from the FEHB enrollment. FEHB Program coverage can be coordinated with other non-FEHB coverage.

If an enrollee, participating in premium conversion, experiences a Qualifying Life Event (QLE) that would allow reduction of enrollment type (i.e. reducing from Self and Family to Self Plus One or from Self Plus One to Self Only) and would still cover all desired family members, enrollees may make an enrollment change based on their QLE. Generally, **the enrollee should decrease his or her enrollment type**. Removals under this BAL should only be used in limited circumstances. Employees not participating in premium conversion can reduce enrollment type at any time.

For example, an enrollee (Jose) covers his wife (Joy) and his adult daughter (Sarah) on a Self and Family enrollment. Sarah gets a job and becomes eligible for other coverage through her work and no longer needs FEHB coverage under her father's enrollment. Jose does not want to pay for a Self and Family enrollment now that his daughter no longer needs FEHB coverage. In this situation, Jose should reduce coverage from Self and Family to Self Plus One under QLE code 1P.

However, under the following example a removal would be appropriate: Jose covers Joy, Sarah and a son Jamal under his FEHB Self and Family enrollment. Sarah's employer-sponsored coverage is in the form of a High-Deductible Health Plan with a Health Savings Account (HSA) with contributions from her employer. For Sarah to receive coverage under her employer's plan, per IRS rules she cannot be also covered under her father's FEHB plan. As such, Jose needs to remove her from his coverage. Jose or Sarah should submit a formal request for removal so that Sarah is not covered. Jose would then maintain Self and Family coverage for himself, Joy and Jamal.

Please also note that the removal of a family member alone as described in this BAL is NOT considered a QLE under the FEHB Program and does NOT provide the opportunity for an employee to decrease plan coverage from Self and Family to a Self Plus One or Self Only enrollment unless an enrollee has a separate QLE.

If an enrollee chooses to remove all existing family members and does not change enrollment type based on a QLE, the enrollee must continue to pay Self and Family or Self Plus One

premiums. A removal of all existing family members does not allow an agency to change an enrollment to Self Only based on there being no eligible family members on the enrollment as described in 5 C.F.R. 890.301(e)(2).

If a family member is removed from an enrollment he/she may lose eligibility for FEHB as a survivor annuitant in the event the enrollee were to pass away.

### **Sample Notices**

Attached are sample notices for agencies to provide when they are contacted by enrollees and/or family members interested in removal. The sample notices include information on the removal process, required documentation, the impact of a removal and how the family member may be added back on the enrollment.

- Removal of Spouse
- Removal of Adult Child – Enrollee request
- Removal of Adult Child – Child request

### **Sample Letters**

Attached are sample letters provided to agencies to send to enrollees/and or adult children notifying them of the removal. The letter should include the enrollee's name, the adult child's name, and the effective date of the removal. The letter should also include the forfeiture of the right to the 31 day extension of coverage and Temporary Continuation of Coverage (TCC), and the process on regaining coverage.

### **Employing Office Responsibilities**

#### Removal of a Spouse

1. If an agency receives a request from the enrollee to remove a spouse, the agency must provide the enrollee the appropriate sample notice and a Health Benefits Election Form, Standard Form (SF) 2809.
2. The enrollee must submit a notarized request and an SF 2809 to his/her agency with the following sections completed:
  - a. Part A (lines 1-12 , and specific information for family member(s) being removed starting with line 13)
  - b. Part B
  - c. Part H
3. The agency must confirm that the enrollee and spouse have completed the appropriate sample notice and the SF 2809 correctly.
4. The agency must submit the notarized request and the SF 2809 to the enrollee's FEHB carrier.
  - a. The agency will indicate in the Remarks section— “ Remove ( insert family member's name and date of birth)”

- b. The SF 2809 will be an information only form and does not need an Event Code
- c. The agency will use an SF 2809 to communicate with the FEHB plan

Note: This is not an opportunity for employees and annuitants to change plans, plan options or enrollment type.

- 5. The agency must file the notarized request and the SF 2809 in the employee's Official Personnel Folder/annuitant's retirement file.

#### Removal of Adult Child – Enrollee Request

- 1. If an agency receives a request from the enrollee to remove an adult child, the agency must provide the enrollee the appropriate sample notice and a SF 2809.
- 2. The enrollee must submit a most recent signed and filed tax return (to show that the child is not a dependent,) or an affidavit stating that the child is no longer his or her dependent under IRS rules. The enrollee must also submit the last known contact information for the child, and a SF 2809 to his/her agency with the following sections completed:
  - a. Part A (lines 1-12 , and specific information for family member(s) being removed starting with line 13)
  - b. Part B
  - c. Part H
- 3. The agency must confirm that the enrollee has submitted the appropriate documentation (including a tax return showing that the child is not a dependent or an affidavit) and has completed the SF 2809 correctly.
- 4. The agency must submit the SF 2809 to the FEHB carrier.
  - a. The agency will indicate in the Remarks section— “ Remove ( insert family member's name and date of birth)”
  - b. The SF 2809 will be an information only form and does not need an Event Code
  - c. The agency will use an SF 2809 to communicate with the FEHB plan
- 5. The agency must notify the child of the removal using the last known contact (if provided) provided by the enrollee by mail or email within 10 calendar days of receiving all completed documents.

Note: This is not an opportunity for enrollees to change plans, plan options or enrollment type.

- 6. The agency must file SF 2809 in the employee's Official Personnel Folder/annuitant's retirement file. The tax return or affidavit should be destroyed.

## Removal of Adult Child – Child Request

1. If an agency receives a request to remove an adult child from an enrollee’s enrollment, the agency must provide the adult child the appropriate sample notice.
2. The adult child must submit the notarized request to the enrollee’s agency.
3. The agency must confirm that the adult child has submitted a complete notarized request.
4. The agency must complete the following sections of the SF 2809:
  - a. Part A (lines 1-12, and specific information for family member(s) being removed starting with line 13)
  - b. Part B
  - c. Part I
    - i. Indicate in the Remarks section— “Remove (insert family member’s name and date of birth)”
5. The agency must submit the notarized request and the SF 2809 to the FEHB carrier.
  - a. The SF 2809 will be an information only form and does not need an Event Code
  - b. The agency will use an SF 2809 to communicate with the FEHB plan.

Note: This is not an opportunity for enrollees to change plans, plan options or enrollment type.

6. The agency must file the notarized request and the SF 2809 in the employee’s Official Personnel Folder/annuitant’s retirement file.

The agency must notify the enrollee of the family member’s removal.

Please note: A family member’s request to be removed cannot be challenged by the enrollee.

### **Removal**

The effective date of removal is the first day of the third pay period following the date the request is approved by the agency for enrollees who pay bi-weekly and the second pay period following the date that the request is approved by the agency 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 TCC.

If an eligible family member is removed from a Self Plus One or Self and Family enrollment, the enrollee must remain in the Self Plus One or Self and Family enrollment type until the Federal Benefits Open Season or upon experiencing a QLE that allows a decrease in enrollment. The QLE determines what type of enrollment change is permitted. The enrollment change must be consistent with the QLE.

## **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 must provide:

- written consent to reinstatement of coverage from the family member;
- proof of eligibility of the spouse or child as a family member such as a marriage license or birth certificate and;
- proof of loss of other health insurance coverage.

In order to add the family member back to the coverage, the employee must complete an SF 2809 (Part A). The agency must complete Part I stating “Add (name of family member and date of birth)” in the remarks section.

For more information on the FEHB Program, please visit [www.opm.gov/insure](http://www.opm.gov/insure).

If you have questions, please contact your Agency’s Headquarters Benefits Officer. If you do not know who this person is, please go to <http://apps.opm.gov/abo/> where you will find a list of agencies and their Headquarters Benefits Officers.

Sincerely,

Alan P. Spielman  
Director  
Healthcare and Insurance