



## United States Department of State

*Bureau of Human Resources  
Office of Retirement  
Room H-620, SA-1  
Washington, D.C. 20522*

### Dependent Child Report of Eligibility for Temporary Continuation of Coverage (TCC)

(Form must be received within the 60 day period of the dependent child's 22nd birthday,  
marriage before age 22, or other loss of regular FEHB coverage as a dependent)

1. Child's Full Name:

2. Date of Birth:

3. Name of Person Child Resides With (if applicable):

4. Relationship:

5. Address:

6. Telephone:

7. Date of Loss Regular FEHB Coverage:

8. Reason for loss (please check):  
(for interactive form fill-in, double click the appropriate box, and choose "checked," under 'default value.'

22<sup>nd</sup> birthday

Marriage before 22<sup>nd</sup> birthday

Parent's separation/resignation from agency

Divorce

Other, (explain)

#### Agency Employee Information

9. Name of Employee or Annuitant:

10. Date of Birth:

11. Social Security Number:

12. FEHB Enrollment Code (from Earnings and Leave Statement):

Dependent Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form to:

**U. S. Department of State  
Office of Retirement (HR/RET)  
Attn: TCC Coordinator  
SA-1, Room H-620  
Washington, DC 20522-0108**

**Telephone: (202) 261-8960  
Fax: (202) 261-8988**