



United States Department of State

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

Former Spouse Report of Eligibility for Temporary Continuation of Coverage (TCC)

(Form must be received within the 60 day period after former spouse's regular FEHB terminates)

1. Former Spouse's Full Name:

2. Date of Birth:

3. Address:

4. Telephone:

5. Names and Birth Date of Eligible Children (attach separate sheet if applicable)

6. Date of Loss Regular FEHB Coverage:

7. Reason for loss (please check):

(for interactive form fill-in, double click the appropriate box, and choose "checked," under 'default value.)

Divorce

loss of coverage under former Spouse Equity Act

Other, (explain)

PLEASE SUBMIT A COPY OF YOUR DIVORCE DECREE.

Agency Employee Information

8. Name of Employee or Annuitant:

9. Date of Birth:

10. Social Security Number:

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

Employee'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**