



United States Department of State

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

**Separating/Resigning Employee's Report of Eligibility for
Temporary Continuation of Coverage (TCC)**

(Form must be received within the 60 day period after separation from the Department)

1. Employee Full Name:

2. Date of Birth:

3. Social Security Number:

4. Address:

5. Telephone (including area code):

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

7. Effective Date of Separation

8. Reason for Separation

9. Marital Status at time of Separation

Single

Married

Divorced

If married at time of separation, and a family FEHB enrollment was in effect list the full name(s) of spouse and dependent children below and their date(s) of birth. (Attach a separate sheet if applicable)

10. Date of divorce if on and after January 1, 1990:

If the date of divorce is within 60 days of the date of separation/resignation from the Department, your former spouse/children may be eligible for the FEHB TCC program.

11. Employee's Signature _____ Date: _____

Note: If a person other than the employee is providing TCC information, please provide full name, relationship, and a phone number or address where the Department may contact the person if additional information is needed.

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**