

# Change in Family Member Eligibility Verification Requirements for the Federal Employees' Health Benefits (FEHB) Program

## Key Points:

- On April 15, 2021, the Office of Personnel Management (OPM) issued updated Federal Employees' Health Benefits (FEHB) Program guidance on:
  - the process for requesting proof of family member eligibility;
  - what documents may be used as proof; and
  - the actions the Department of State must take based on an annuitant's response to a request for verification of eligibility.
- Please read this notice carefully. This notice provides guidance for providing proof of family member eligibility required for FEHB program coverage.
- A list of acceptable documents for establishing family member eligibility for FEHB coverage can be found below. Annuitants should remove personal financial information and Social Security Numbers before submission.

## Overview

Foreign Service annuitants requesting FEHB changes due to experiencing a Qualifying Life Event (QLE) outside the annual Federal Benefits Open Season should refer to the “**Table of Permissible Changes in Annuitant's or Survivor's FEHB Enrollment**” at the end of this notice.

## Acceptable Document(s) to Verify FEHB Family Member Eligibility

To establish family member eligibility for FEHB coverage, below is a list of acceptable documents that can be submitted by annuitants for verification purposes. Annuitants should remove personal financial information and Social Security Numbers before submission. Documents that are not in English must be accompanied by a certified or notarized translation.

For additions that require a new FEHB election and affect premium withholdings, please submit the completed SF-2809 (Health Benefits Election Form) and the appropriate documentation to the HR Service Center at [HRSC@state.gov](mailto:HRSC@state.gov). For existing Self and Family coverage, the documentation may be submitted directly to the FEHB carrier.

### Spouse --

- Married less than 12 months - Copy of government-issued marriage certificate.
- Married 12 months or more - Copy of government-issued marriage certificate; **and** copies of the following sets of documents listing spouse:
  - Front page of most recent tax year's Federal or State tax return; **or**

- Proof of common residency (e.g., utility bill, other household bill, auto registration); **and**
- Proof of financial interdependency (e.g., shared bank statement, credit card statement, life, or auto insurance policy).
- Common law marriage - An FEHB enrollment may cover a common law marriage **only** if the marriage was initiated within a State that recognizes such a marriage. The annuitant must provide the following information:
  - A court order or judgment recognizing the marriage; **or**
  - The annuitant's declaration indicating:
    - The date and State in which enrollee and spouse mutually agreed to become married; **and**
    - The length of time enrollee and spouse have lived together; **and**
    - All addresses at which enrollee and spouse have lived together; **and**
    - Whether enrollee or spouse have been regarded among neighbors, friends, and relatives as being married spouses; **and**
    - If the enrollee or spouse were previously married, the declaration must indicate date and place of each previous marriage as well as the date, place, and manner of termination (i.e., death, divorce, or annulment); **and**
    - The annuitant's signature underneath the following statement:
      - **WARNING:** Any intentionally false statement or willful misrepresentation relative thereof 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 U.S.C. 1001).

For a common law marriage, **in addition to the above**, the annuitant must provide one of the following documents listing the enrollee and the common law spouse:

- Front page of most recent tax year's Federal or State tax return; **or**
- Proof of common residency (e.g., utility bill, other household bill, auto registration) and proof of financial interdependency (e.g., shared bank statement, credit card statement, life, or auto insurance policy).

### **Child under age 26 --**

A copy of any of the following documents listing the child and enrollee:

- Government-issued birth certificate; **or**
- Certificate of live birth; **or**
- Front page of the most recent tax year's Federal or State tax return; **or**
- Consular Report of Birth Abroad; **or**
- Official paternity test; **or**
- Voluntary affidavit of paternity or similar document; **or**

- Court or Administrative order (e.g., National Medical Support Notice).

### **Adopted Child under age 26 --**

A copy of any one of the following documents listing the child and enrollee:

- Final adoption certificate or decree; **or**
- Authorized letter from a placement agency for the purpose of adoption; **or**
- Front page of most recent tax year's Federal or State tax return with child's name; **or**
- Court or Administrative order (e.g., National Medical Support Notice).

### **Stepchild under age 26 --**

A copy of any one of the following documents:

- Birth certificate, or final adoption certificate/decree, listing current spouse as parent; **or**
- Front page of most recent tax year's Federal or State tax return with child's name; **or**
- Court or Administrative order (e.g., National Medical Support Notice).

**NOTE:** For the documents above that require the spouse to be listed, the enrollee must also verify a spouse's FEHB eligibility, even if not enrolling the spouse in an FEHB plan. (Refer to required documents for a spouse listed above).

### **Foster child under age 26 --**

Submission of all the following documents:

- Certification of foster child status; **and**
- Government-issued birth certificate or other document verifying child's date of birth; **and**
- Documentation of regular and substantial support for the child, such as:
  - Evidence of eligibility as a dependent child for benefits under other State or Federal program.
  - Proof of inclusion of the child as a dependent on the enrollee's front page of most recent tax year's Federal or State taxes.
  - Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child.
  - Evidence of goods or services which shows regular and substantial contributions of considerable value.
  - Any other evidence which OPM, deems to be sufficient proof of support.
  - If applicable, annuitant must provide copy of court order naming him/her or spouse as child's legal guardian.

**Disabled child age 26 or older who is incapable of self-support because of a physical or mental disability that began before their 26th birthday --**

- A medical certificate stating child is incapable of self-support because of a physical or mental disability that existed prior to age 26 and is expected to continue for more than one year is required; **and**
- Foreign Service retirees (former employees who retired from the Foreign Service) must contact the Bureau of Medical Services at [MedDP@state.gov](mailto:MedDP@state.gov) for guidance on obtaining a medical Certificate of Incapacity (COI) for their disabled child.

***NOTE: The Bureau of Medical Services only handles COIs for Foreign Service retirees and active Department of State employees.***

Additional information required for the medical certification can be found on OPM's Website for Healthcare Reference Materials (<https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/family-members/#medcert>)

**Reporting the Addition or Removal of a Family Member to the FEHB Carrier**

Annuitants are responsible for informing their FEHB Carrier about certain changes to Self and Family enrollments that do not affect premium withholdings. These changes include the addition of a spouse or children under the age of 26, including adopted children and stepchildren. The enrollee is responsible for informing their FEHB Carrier to remove a spouse or a child who no longer meets eligibility requirements, such as a divorce. FEHB Carriers will continue accepting these changes and additions directly from enrollees.

**NOTE:** A completed SF 2809 – Health Benefits Election Form is NOT required in these situations with an existing Self and Family enrollment.

**Have Questions?**

Please contact HR Service Center at [HRSC@state.gov](mailto:HRSC@state.gov) for assistance.

## TABLE OF PERMISSIBLE CHANGES IN ANNUITANT’S OR SURVIVOR’S FEHB ENROLLMENT

**Note:** For survivor annuitants, a change in family status based on additional family members can only occur if the additional eligible family members are family members of the deceased annuitant.

A FEHB enrollment may be cancelled or changed to a self plus one or changed to a self only enrollment at any time.

Code	Qualifying Life Event (QLE)	<i>From Not Enrolled to Enrolled</i>	<i>From Self Only to Self Plus One or Self and Family</i>	<i>From One Plan or Option to Another</i>	<i>Switch Designated Family Member</i>	<i>When You Must File Health Benefits Election Form with the Department of State</i>
2A	Open Season	No	Yes	Yes	Yes	As announced by OPM.
2B	Change in family status; for example: marriage, birth or death of family member, adoption, or divorce.	No	Yes	Yes	Yes	From 31 days before through 60 days after the event.
2C	Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan and TRICARE for Life), Peace Corps, or CHAMPVA, and who later <i>involuntarily</i> loses this coverage under one of these programs.	May Reenroll	N/A	N/A	No	From 31 days before through 60 days after involuntary loss of coverage.
2D	Reenrollment of annuitant who suspended FEHB enrollment to enroll in a Medicare Advantage plan, Medicaid, or similar State-sponsored program, or to use TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), Peace Corps, or CHAMPVA, and who wants to reenroll in the FEHB Program for any reason other than an involuntary loss of coverage.	May Reenroll	N/A	N/A	No	During open season.

Code	Qualifying Life Event (QLE)	From Not Enrolled to Enrolled	From Self Only to Self Plus One or Self and Family	From One Plan or Option to Another	Switch Designated Family Member	When You Must File Health Benefits Election Form with the Department of State
2E	Restoration of annuity or compensation (OWCP) payments; for example: <ul style="list-style-type: none"> <li>• Disability annuitant who was enrolled in FEHB, and whose annuity terminated due to restoration of earning capacity or recovery from disability, and whose annuity is restored;</li> <li>• Compensationers whose compensation terminated because of recovery from injury or disease and whose compensation is restored due to a recurrence of medical condition;</li> <li>• Surviving spouse who was covered by FEHB immediately before survivor annuity terminated because of remarriage and whose annuity is restored;</li> <li>• Surviving child who was covered by FEHB immediately before survivor annuity terminated because student status ended and whose survivor annuity is restored;</li> <li>• Surviving child who was covered by FEHB immediately before survivor annuity terminated because of marriage and whose survivor annuity is restored.</li> </ul>	Yes	N/A	N/A	No	Within 60 days after the retirement system or OWCP mails a notice of insurance eligibility.
2F	Annuitant or eligible family member loses FEHB coverage due to termination, cancellation, or change to Self Plus One or Self Only of the covering enrollment.	Yes	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.
2G	Annuitant or eligible family member loses coverage under FEHB or another group insurance plan; for example: <ul style="list-style-type: none"> <li>• Loss of coverage under another federally-sponsored health benefits program;</li> <li>• Loss of coverage due to termination of membership in the employee organization sponsoring the FEHB plan;</li> <li>• Loss of coverage under Medicaid or similar State-sponsored program (but see events 2C and 2D);</li> <li>• Loss of coverage under a non-Federal health plan.</li> </ul>	No	Yes	Yes	Yes	From 31 days before through 60 days after date of loss of coverage.

<b>Code</b>	<b>Qualifying Life Event (QLE)</b>	<b>From Not Enrolled to Enrolled</b>	<b>From Self Only to Self Plus One or Self and Family</b>	<b>From One Plan or Option to Another</b>	<b>Switch Designated Family Member</b>	<b>When You Must File Health Benefits Election Form with the Department of State</b>
2H	Annuitant or eligible family member loses coverage due to the discontinuance, in whole or part, of an FEHB plan.	N/A	Yes	Yes	Yes	During open season, unless OPM sets a different time.
2I	Annuitant or covered family member in a Health Maintenance Organization (HMO) moves or becomes employed outside the geographic area from which the carrier accepts enrollments, or if already outside this area, moves or becomes employed further from this area.	N/A	Yes	Yes	Yes	Upon notifying the Department of State of the move or change or change of place of employment.
2J	Employee in an overseas post of duty retires or dies.	No	Yes	Yes	Yes	Within 60 days after retirement or death.
2K	An enrolled annuitant separates from duty after serving 31 days or more in a uniformed service.	N/A	Yes	Yes	No	Within 60 days after separation from the uniformed service.
2L	On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	N/A	No	Yes	No	At any time beginning on the 30 <sup>th</sup> day before becoming eligible for Medicare.
2M	Annuitant's annuity is insufficient to make withholdings for plan in which enrolled.	N/A	No	Yes	No	Department of State will advise annuitant of the options.