

Department Notice

All Employees: State

March 12, 1998

DEPARTMENT OF STATE
Federal Employee Health Benefit (FEHB)
TEMPORARY CONTINUATION OF COVERAGE (TCC) PROGRAM
for Separating Employees and Certain Dependents (Children/Former Spouse)
Who Lose Regular FEHB Coverage

The guidance in this Department Notice pertains to the Department of State's FEHB Temporary Continuation of Coverage (TCC) program. The policy and procedures outlined in this notice apply to Department of State personnel ONLY. TCC is a feature of the FEHB program that allows certain individuals to temporarily continue their FEHB coverage after regular coverage ends. This program is administered by the Department of Agriculture National Finance Center.

The information furnished in this notice is intended to supplement the U.S. Office of Personnel Management's (OPM) printed information provided in the current 1998 FEHB Guide (RI 70-5) on TCC. The RI 70-5 guide is for certain individuals who are eligible to enroll in the FEHB program but do not receive a government contribution toward the cost of their enrollment, that is former spouses eligible to enroll under the Spouse Equity Act or similar statutes and individuals eligible for the FEHB TCC coverage. More specifically, section 19, 22 CFR addresses the provisions under the Foreign Service Act of 1980 regarding notification of divorce and former spouse benefits of Foreign Service personnel to RETIREMENT OFFICE. Civil Service former spouse provisions are contained in Subchapter SI 7 of the FEHB Handbook, (formerly FPM Supplement 890-1.)

The TCC program is a separate program from the regular FEHB due to the nature of the participants. Eligible participants include **employees separating from federal service on a voluntary basis; children reaching age 22 and former spouses.**

A. Notification and Time Limitation Procedures: - Persons eligible to participate in the FEHB TCC program must contact the Office of Retirement (PER/RET), ATTN: TCC Coordinator, Room H620 SA-1, Washington, D.C. 20520-2810 (202) 261-8960. Notification may be in written or oral form, concerning a dependent child or former spouse and must also meet the time limit. The Retirement Office also processes the application, determines eligibility and certifies TCC information.

1. **Separating Employees:** Employees separating on a voluntary basis are notified by their bureau or office within 61 days after regular FEHB enrollment terminates. The employee has 60 days after separation or receipt of notification from the agency in which to submit an election.

Office of Origin: PER/ER

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2. **Children:** A dependent child who reaches age 22, must notify the Retirement Office within 60 days after loss of coverage and provide his/her mailing address. Please complete the attached Information Sheet for notification purposes via mail to the Retirement Office.
3. **Former spouse:** The employee or former spouse must notify the bureau or office within 60 days after divorce or termination of spouse equity benefits. Please complete the attached Information Sheet for notification purposes via mail to the Retirement Office.

B. Length of Temporary Continuation of Coverage: The following chart is provided to determine length of coverage. In addition, there will be a 31-day temporary extension of coverage, with conversion opportunity at the conclusion of the TCC.

| Length of Temporary Continuation of Coverage | | |
|---|---|--|
| IF | AND | Then coverage may not exceed |
| Enrollee is an employee | | 18 months after date of separation |
| Enrollee is a child | Change occurred while parent was an employee or annuitant | 36 months after change in status |
| | Change occurred while parent was separated with TCC FEHB coverage | 36 months after parent's separation from service |
| Enrollee is former spouse | Divorce occurred during 18-month period after employee separated and had TCC coverage | 36 months after employee's separation from service |
| | In all other cases... | 36 months after marriage ends |

C. Selecting a TCC FEHB Plan: A former employee, child or former spouse may register by submitting the SF-2809. The 2809 must be completed and signed by the person receiving TCC benefits ONLY. The choice of plan selection must be considered carefully (that best meets their needs). Keep in mind that the TCC plans are identical to the regular FEHB plans, however, the premium is much higher than the normal rate.

D. Premiums: Enrollees electing TCC of FEHB coverage must pay the full premium (that is, both the employee and Government shares of the premium) plus a 2% administrative charge, totaling 102%. Enrollment changes begin the day after the free 31-day temporary extension ends. Note: Premiums for TCC can not be deducted from an employee's salary check.

E. Cancellation If you cancel your coverage or fail to pay the premium, neither you nor any family member covered by your enrollment will be entitled to a 31-day extension or to conversion to a non-group policy.

F. Effective Date TCC becomes effective on the day that the 31-day temporary extension ends.

Department of State
Information Sheet for Temporary Continuation of Coverage (TCC)
Separating/Resigning Employees

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

1. Employee's Full Name _____

2. Date of Birth _____

3. Social Security Number _____

4. Address _____

5. Telephone (including area code) _____

6. FEHB Enrollment Code (from Leave and Earnings 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 Signature and 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 form to: U.S. Department of State, 2201 C Street, NW, Retirement Office, Room 1251, New State, Washington, D.C. 20520-2810, ATTN: TCC Coordinator or call (202) 647-9300

Support Services Liaison

Guidance and Referral

Department of State

Information Sheet for Temporary Continuation of Coverage (TCC) Former Spouse Eligibility

(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 (including area code) _____

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

6. Date of Loss of regular FEHB coverage _____

7. Reason for loss (please check)

_____ divorce

_____ loss of coverage under former Spouse Equity Act

_____ other

Agency Employee Information

8. Name of Employee or Annuitant _____

9. Date of Birth _____

10. Social Security Number _____

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

12. Former Spouse Signature and Date _____

Mail form to: U.S. Department of State, 2201 C Street, NW, Office of Retirement, Room H620, SA-1,
Washington, D.C. 20520-2810, ATTN: TCC Coordinator or call (202) 261-8960

Department of State
Information Sheet for Temporary Continuation of Coverage (TCC)
Dependent Child Report of Eligibility

(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) and relationship _____
4. Address _____
5. Telephone (including area code) _____
6. Date of Loss of regular FEHB coverage _____
7. Reason for loss (please check)
 - _____ 22nd birthday
 - _____ marriage before 22nd birthday
 - _____ parent's separation/resignation from agency
 - _____ divorce
 - _____ other

Agency Employee Information

8. Name of Employee or Annuitant _____
9. Date of Birth _____
10. Social Security Number _____
11. FEHB Enrollment Code (from Leave and Earnings Statement) _____
12. Dependent Child's Signature and Date _____

Mail form to: U.S. Department of State, Office of Retirement, Room H620, SA-1, Washington, D.C. 20520-2810, ATTN: TCC Coordinator or call (202) 261-8960