

FEHB ☒      PSHB ☒

---

**Letter Number 2025-15****Date: December 16, 2025**

Fee-for-service [13]

Experience-rated HMO [13]

Community-rated HMO [13]

---

## **Subject: Disenrollment or Removal of Ineligible Individuals<sup>1</sup> from Coverage**

This Carrier Letter reinforces guidance to all Federal Employees Health Benefits (FEHB) and Postal Service Health Benefits (PSHB) Carriers (hereinafter “Carriers”) on the processes to disenroll enrollees or remove family members found ineligible for FEHB or PSHB coverage. These guidelines were previously issued in Carrier Letters [2020-16](#) and [2022-15](#). Carriers should refer to the OPM regulations at [83 FR 3059](#) for additional information.

These regulations allow the employing office, OPM, or a Carrier to request proof of family member eligibility from an enrollee at any time for existing enrollments. Carriers should implement these procedures when there are questions or concerns about a family member’s eligibility. It also outlines a process for reconsideration of the decision to remove an individual.

### **Purpose**

On July 4, 2025, the Federal Employees Health Benefits Protection Act of 2025 was signed into law as part of Public Law 119-21. In accordance with the law’s requirement to develop processes to remove ineligible individuals

---

<sup>1</sup> The FEHB Protection Act as enacted in P.L. 119-21 requires that OPM develop a process to remove or disenroll any ineligible enrollee or family member. For the purposes of this Carrier Letter, OPM uses the term “ineligible individual” to refer to ineligible enrollees and ineligible family members.

from health benefits plans enrollments, this Carrier Letter reminds Carriers of the process for requesting proof of family member eligibility for existing enrollments; (2) what documents may be used as proof; and (3) what actions Carriers can take based on an enrollee's or family member's response to a request for verification of eligibility.

This letter also serves as a reminder to Carriers of their responsibilities for removing covered children when they reach age 26, unless they have been determined to be [incapable of self-support](#). Carriers are reminded that health benefits disenrollment and removal procedures for ineligible enrollees and family members are delineated in regulation at 5 CFR 890.308 for FEHB plans and 5 CFR 890.1608 for PSHB plans.

Benefits Administration Letter 25-203 (Attachment #7), Disenrollment or Removal of Ineligible Individuals from Coverage, provides similar guidance to agencies on their responsibility to request verification of family member eligibility.

## **Requesting proof of family member eligibility for existing enrollments**

### **Request for verification of FEHB or PSHB eligibility**

To verify eligibility, the Carrier must send a request for appropriate documentation of the family member or members' relationship (see Attachment 1: Sample Letter "Request for Verification of Family Member Eligibility") with a copy to the employing office. The request must contain a written notice that the family member(s) will no longer be covered 60 calendar days after the date of the notice unless the enrollee provides appropriate documentation as listed in Attachment 5: FEHB Family Member Eligibility Documents.

The Carrier must collect those documents in a secure fashion, including by mail or via a member portal.

### **A. Documents used as proof**

Appropriate documents include, but are not limited to, copies of birth certificates, marriage certificates, and, if applicable, other proof of family member eligibility. See Attachment 5: FEHB Family Member Eligibility Acceptable Documents for a more extensive list of acceptable documents.

### **B. Documents for foster children and common law marriage**

**Confirmation of a foster child's eligibility:** The employing office initially determines a foster child's eligibility through receipt of the "Statement of Foster Child Status" signed by an employing office's official and supporting documents from the enrollee. It keeps a copy of the "Statement of Foster Child Status" in the enrollee's personnel file.

If notified by the enrollee that the family member is a foster child, the Carrier must contact the employing office to obtain a copy of the filed "Statement of Foster Child Status" to confirm the employing office's determination. If the Carrier is unable to obtain this document from the employing office, then the Carrier must follow the process described below for removing an ineligible family member. See the FEHB Handbook at [Family Members](#) for more information on foster child eligibility.

**Confirmation of common law marriage:** Carriers must contact the employing office to obtain a copy of the filed "Statement of the Common Law Marriage" declaration to confirm the employing office's determination. Only the employing office can approve eligibility of an individual as an employee's common law spouse through examining a declaration of common law spouse and other documents. An employee can only cover a common law spouse under the FEHB Program if the marriage was established in a State or other jurisdiction that recognizes such a marriage (see Attachment 5: FEHB Family Member Eligibility Documents).

## **I. FEHB and PSHB Carrier actions**

### **A. Eligibility verification documents approved**

If the Carrier receives documents and determines that the documents verify eligibility of the family member(s), the Carrier must notify the enrollee, the family member, and the employing office (see Attachment 2: Sample Letter "Receipt of Eligibility Verification Documents"). The employing office must be

notified to avoid a potential duplicative request to the same enrollee. The Carrier must retain copies of the request, documents received, and the determination letter in accordance with its corporate document retention and storage procedures.

**B. Eligibility verification documents not received or are insufficient**

If the Carrier does not receive the documents within 60 calendar days of requesting them, or if it determines that the documents provided are insufficient to verify eligibility of the family member(s), the Carrier must notify both the enrollee and the family member of this determination. (See Attachment 3: Sample Letter "Verification Documents Not Received" or Attachment 4: Sample Letter "Information Provided Does Not Verify Family Member Eligibility").

This written notice is considered the initial decision and must include an explanation of the Carrier's decision, the effective date of the removal of the ineligible family member, and the right to a reconsideration of this initial determination. The Carrier should send a separate copy to the affected family member when a separate address is known. The Carrier must also provide a copy of this letter to the enrollee's employing office to include in the employee personnel file.

**C. Enrollee or family member request for an extension**

An enrollee or family member may request an extension to provide requested evidence because they are prevented by circumstances beyond their control from responding in a timely way (e.g., delay in receipt of verifying documents from a licensing entity). Employing offices may grant a reasonable extension to the deadline, especially in recognition of circumstances such as national or local emergencies that may impact licensing entities' capabilities to provide documentation.

The Carrier shall retain copies of the request for an extension of time, documents received (if applicable), and the initial determination letter.

**Removal of Child at Age 26 Process**

By law, a child of an enrollee under age 26 is eligible for coverage as a family member under a Self Plus One or Self and Family enrollment. A child is eligible to be covered by an enrollment if they are a child born within a marriage, a recognized natural child, an adopted child, a stepchild, or a foster child (see 5 CFR section 890.302). **Carriers are required to proactively disenroll a child that reaches age 26**, unless the child is eligible for continued coverage because they are [incapable of self-support](#) due to a physical or mental disability that began before age 26. The employing office will not provide notice to the Carrier that the child has lost eligibility; Carriers are responsible for tracking children's age and notifying enrollees of upcoming loss of eligibility. Carriers must provide written notice to the enrollee, at least 60 days before the child's birthday, of the intent to disenroll the child on midnight of the child's 26th birthday with a 31-day extension of coverage added by the Carrier.

For example, when a child turns 26 on September 5, 2026, the coverage of a family member of an enrollee terminates at the end of the day (11:59:59 pm) on September 4, 2026. The 31-day extension provides coverage until end of the day (11:59:59 pm) on October 5, 2026. The disenrollment letter must also provide information regarding the child's eligibility to apply for up to 36 months of Temporary Continuation of Coverage (TCC) and ability to convert to individual coverage. (See Attachment 6: Disenrollment Notice Age 26)

It is the enrollee's responsibility to notify their agency's human resource office of their interest in enrolling the child under TCC within 60 days of disenrollment. Carriers are not required to notify the employing office of the termination of coverage. Carriers are required to remove children from enrollment when they are no longer eligible for FEHB or PSHB coverage.

**D. Enrollee request to change enrollment type**

If the removal of an ineligible family member or a child who has attained age 26 results in an enrollment decreasing from three or more individuals to two individuals or from two individuals to one individual, the enrollee is eligible to decrease their enrollment type to Self Plus One or Self Only, respectively. Please remind the enrollee that they have the opportunity to change their enrollment type, and to contact the employer office to submit a Standard

Form (SF) 2809 (Event Code 1C<sup>2</sup>) per the agency's process to request the change in enrollment type within 60 calendar days.

### **E. Effective date of removal of an ineligible family member**

The removal is effective on the date listed in the initial determination letter and it is prospective. If the Carrier determines that the enrollee or the family member has made an intentional misrepresentation of material fact, the effective date of the removal may be made retroactive to the date of loss of eligibility. The Carrier must follow the fraud, waste and abuse reporting requirements in [Carrier Letter 2017-13](#).

The removed family member may be eligible for a 31-day temporary extension of coverage, conversion and/or temporary continuation of coverage (TCC) only in certain limited circumstances. This eligibility cannot extend beyond the date that opportunity would have ended if the individual had been removed on the date of loss of eligibility.

For example, an enrollee and her spouse divorce on May 4, 2024. The enrollee does not remove the former spouse from the enrollee's Self and Family enrollment, so the former spouse is receiving coverage but is not eligible. In this example, the former spouse is not eligible to receive a former spouse annuity and, thus, is not eligible for spouse equity coverage. If the Carrier later discovers the divorce and removes the spouse from the enrollment on July 20, 2025, the former spouse is not eligible for a 31-day extension of coverage, conversion and/or temporary continuation of coverage because the regulatory window for election of 60 days outlined in 5 CFR § 890.805(a)(1) has passed. The sixty-day window began on the final date of the divorce, May 4, 2024, and ended on July 3, 2024.

If an employee expresses interest in TCC for the removed family member, please refer them to their employing office for more information.

### **F. Additional information and action items**

To avoid duplicate requests for verification of family member eligibility, employing offices will send Carriers a copy of (1) employing office letters to request verification of family member eligibility; (2) letters removing a

---

<sup>2</sup> The use of Event Code 1C per this guidance for Removal of Ineligible Family Members is limited to decreasing the enrollment.

family member from FEHB or PSHB coverage; (3) reconsideration requests; and (4) reconsideration decisions. These letters are to be added to the enrollee file and/or processed as appropriate.

## **II. Reconsideration process after removal of an ineligible family member**

**The employing office is responsible for performing all reconsiderations for the removal of ineligible family members.** The employing office must issue a written notice of its final decision to the enrollee and notify the Carrier of the decision within 30 calendar days of receipt of the request for reconsideration. If the reconsideration decision overturns the removal of the family member(s), the Carrier must reinstate coverage retroactively so there is no gap in coverage.

Please see Attachment 7: BAL 25-2XX Disenrollment or Removal of Ineligible Individuals from Coverage for more information on the reconsideration process.

## **III. Fraud, waste and abuse**

Carriers are responsible for preventing, detecting, investigating, and reporting FEHB Program related fraud, waste, and abuse (FWA). The coverage of ineligible family members can be considered potential fraud per FEHB Program [Carrier Letter 2017-13](#): OPM FEHB Fraud, Waste and Abuse. Both Carriers and employing offices have a shared responsibility to verify and confirm family member eligibility, recognizing that ineligible family members can result in the FEHB Program paying erroneous or even fraudulent claims. Carriers must also remove ineligible children at age 26 in a timely manner to meet their contract requirements.

Any intentional false statement or willful misrepresentation, such as including an ineligible family member on an FEHB or PSHB health insurance plan, is a violation of the law (18 U.S.C. 1001) punishable by a fine of not more than \$10,000, imprisonment of not more than 5 years, or both and may be subject to investigation.

#### **IV. Reference Information**

For more information on family member eligibility, please refer to the OPM website at [Eligibility](#) and the FEHB Handbook's [Family Members](#) section.

OPM values your assistance in helping us maintain the integrity of the FEHB Program. If you have questions, please contact your Health Insurance Specialist.

Sincerely,

D. Shane Stevens  
Associate Director  
Healthcare and Insurance

#### **Attachments:**

- Sample FEHB Carrier Letter – Request for Verification of Family Member Eligibility
- Sample Agency/Tribal Employer/FEHB Carrier Letter – Receipt of Eligibility Verification Documents
- Sample Agency/Tribal Employer/FEHB Carrier Letter – Verification Documents Not Received
- Sample FEHB Carrier Letter - Information Provided Does Not Verify Family Member Eligibility
- FEHB Family Member Eligibility Documents
- Disenrollment Notice Age 26
- Benefits Administration Letter 25-203 – Disenrollment or Removal of Ineligible Individuals from Coverage