



United States Office of Personnel Management
Healthcare and Insurance

Benefits Administration Letter

Number: 25-201

Date: April 29, 2025

Subject: Family Member Eligibility Verification Updates and Enrollment Processing

The purpose of this Benefits Administration Letter (BAL) is to provide employing offices flexibilities in implementing [BAL 21-202](#), [BAL 24-201](#), and [BAL 24-204](#), including guidance about former employees who have separated from the employing office.

The Family Member Eligibility Verification (FMEV) report that employing agencies must send to OPM requires a random sampling of FEHB Open Season elections of Self Plus One and Self and Family enrollment types. Each election included in the random sampling will be subject to verification of all family members under the enrollment. If ineligible family members are found, employing offices must follow instructions in BAL [20-203](#) for removing an ineligible family member.

The BAL also provides information about enrollment processing for separated employees and reinstated employees who were previously separated.

Annual review of Open Season transactions

The first FMEV report for the 2024 Open Season is due by July 31, 2025. However, reduction in force and reorganizations may impact an employing office's ability to timely submit the report. Therefore, OPM is extending the deadline to August 31, 2025 to allow employing offices additional time to submit a report.

Employing offices may conduct the FMEV in the most suitable manner to randomly select enrollees for verification. For example, it may be advantageous for employing offices or

headquarters to perform one random sampling of all enrollees. Alternatively, it may be expeditious to have subagencies or employing offices perform random sampling and report to headquarters or employing offices to produce ONLY ONE report to submit to OPM.

Employing offices may find that performing family member eligibility verification of 100 percent of Open Season elections is preferable. However, these employing offices are still required to submit a report on the verification work performed during Open Season to OPM by August 31.

Efficient Submission of Documentation

Under OPM's regulations at [5 CFR 890.308\(f\)\(1\)](#), an enrollee must respond within 60 calendar days to an employing office's written notice requesting verification of eligibility of an individual who is covered as a family member. OPM clarifies the 60-calendar day deadline is a postmark deadline. To facilitate efficient submission of documentation, OPM highly encourages submission through secure electronic means such as an online portal.

Enrollment Processing for Separated Employees

Employing offices must use the date when an employee chose to enroll in coverage to determine if a separated employee's election should be processed. If the date of enrollment is prior to the date of separation, the employing office must process the election even if it has not yet received eligibility documentation. The enrollee in this scenario is entitled to 31-day extension of coverage and Temporary Continuation of Coverage, unless the separation is for gross misconduct. OPM requires carriers to either offer the individual a guaranteed-issue conversion policy or to provide assistance to the individual in enrolling in a guaranteed-issue policy on or off the healthcare Marketplace or Exchange. If an employee chose to enroll in coverage after the date of separation, the election is invalid. There is no entitlement to health benefits or a 31-day extension of coverage.

Enrollment Processing for Reinstated Employees

When an employing office reinstates a previously separated employee, it must complete parts A, D, G, and H of the [SF 2810 \(Notice of Change in Health Benefits Enrollment\)](#). In Part A, Item 8, enter the back date to when coverage was terminated. In Part G – Remarks, the employing office must note the event permitting reinstatement (e.g., reinstatement of

erroneous separation). The employing office must distribute copies of the SF 2810 to the employee, the payroll office, and the Carrier.

As noted in the [FEHB Handbook](#), premium withholdings and contributions must also be made retroactively as if the suspension or removal of FEHB coverage had not taken place. The FEHB coverage is considered to have been continuously in effect. Consequently, the employee and any eligible covered family member is retroactively entitled to full plan benefits. If the employee had [converted to an individual contract](#), they must get a refund of the premiums paid for that coverage.

If you have any questions regarding the information in this BAL, please contact your Agency's headquarters Benefits Officer.

Sincerely,

Holly Schumann

Acting Associate Director

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