

Family Member Verification Annual Notice

Federal law prescribes which family members may be covered under your Federal Employees Health Benefits (FEHB) Program plan. This annual notification from OPM and your employing agency requires you to review eligibility rules and verify that your family members are eligible to be covered under your plan. Please carefully review the following eligibility information (also available in the [Family Members](#) section of the FEHB Handbook) and ensure that all your family members are eligible to be covered. If you have family members covered by your enrollment who are no longer eligible, you must contact the [DLA Benefits Center](#) to remove them immediately. We may request documentation of eligibility at any time and documentation is required if you make a change to your FEHB enrollment.

It is your responsibility to verify that covered family members are eligible and to work with the [DLA Benefits Center](#) or your FEHB Carrier to remove any family members who become ineligible. In most cases ineligible family members will not be removed automatically. Not verifying the eligibility of covered family members leads to the risk of fraud and improper payments, and ultimately may result in higher premiums for the entire group. As a reminder, any intentionally false statement or willful misrepresentation, such as including an ineligible family member on your health insurance coverage, 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 USC 1001), and may be subject to investigation.

Below is a summary of which family members are eligible for coverage. For full details, please visit the [Family Members](#) section of the FEHB Handbook.

Which family members may I cover?

Your current spouse

By law, you cannot cover a former spouse under your enrollment in an FEHB Program plan, even if there is a court order requiring you to provide health insurance. See information regarding former spouses in the “Which family members are not eligible?” section below.

If you are in a valid marriage or common law marriage, then your spouse is eligible for FEHB coverage. A common law marriage must be initiated in a state that recognizes common law marriages for the marriage to be considered valid.

Your children under age 26

Your children under the age of 26 are eligible for FEHB coverage if they are your:

- Biological children,
- Legally adopted children,
- Stepchildren,
- Foster children for whom you are the primary source of financial support and with whom you have a parent-child relationship (you cannot add a foster child without approval from the [DLA Benefits Center](#)).

Note: In the case of a stepchild, the birth certificate must list your current spouse as parent, and you must also verify your spouse's eligibility even if you are not enrolling your spouse. In most cases, your stepchild loses coverage after your divorce or annulment from, or the death of, the parent.

Your married child is eligible to be covered under your FEHB plan, but their spouse and/or children are not eligible to be covered under your enrollment.

Except as noted below, once your child reaches age 26, they are no longer eligible as a family member and must be removed from your FEHB enrollment.

Your adult child who is incapable of self-support

Your disabled child over the age of 26 who is incapable of financially supporting themselves because of a physical or mental disability is eligible for FEHB coverage if:

- their physical or mental disability existed before the age of 26; and
- their disability is expected to continue for at least a year.

Which family members are not eligible?

- Your former spouse is not eligible once your divorce is finalized.
- Your children are no longer eligible upon their 26th birthday (unless determined to be incapable of self-support).
- Your parents are not eligible.
- Grandchildren are not eligible unless they meet the requirements to be considered a foster child as determined by the [DLA Benefits Center](#).
- Domestic partners are not eligible.

What do I do if one of my family members is no longer eligible?

You must notify the [DLA Benefits Center](#) within 60 days of a family member becoming ineligible. The [DLA Benefits Center](#) will inform your family member of their option to enroll in FEHB for themselves under Temporary Continuation of Coverage (TCC) or as a Former Spouse. In addition, you may also have the opportunity to change your plan or enrollment type.

How do I verify that my family member is still eligible?

You can find more detail about how to verify your family member's eligibility in the [Family Members](#) section of the FEHB Handbook on OPM's website. Please contact the [DLA Benefits Center](#) for assistance.