

Termination or Conversion of FEHB

The enrollment of an employee who moves from one employing office to another continues without interruption provided there is no break in service of more than three calendar days. An employee enrolled in a prepaid plan who moves outside the service area of that plan, may change to any other plan available in the area to which he or she moves.

Employees in a non-pay status may continue their enrollment for up to 365 days by paying the employee's share of the cost for every pay period during which enrollment continues.

An employee's enrollment terminates on the last day of the pay period in which:

- he or she is separated other than for transfer, retirement, or compensable disability; or
- employment status changes so as to exclude the employee from coverage.

Coverage continues temporarily for 31 days after the enrollment terminates for any reason except voluntary cancellation. If the employee is confined in a hospital on the 31st day of the temporary extension of coverage, benefits will continue during confinement up to a maximum of 60 more days. These temporary extensions of coverage are without cost to the employee. The temporary coverage also applies to family members who lose coverage other than by the employee's voluntary cancellation.

If an employee's enrollment or the coverage of a family member ends for any reason other than voluntary cancellation, the person has a right to convert to a non-group health benefits contract offered by the carrier of the plan. When an employee's enrollment terminates, the personnel office must notify the individual of termination of group coverage and the right to convert to non-group coverage. This notice, SF 2810, Notice of Change in Health Benefits Enrollment, should normally be issued immediately after termination of an enrollment. To apply for conversion the employee should complete the back of the employee's copy of the SF 2810 and forward to his/her plan within 31 days from the date of the agency notice. Employing offices are not expected to monitor conversion rights of family members. It is the responsibility of the employee or family member to timely apply for a conversion contract.

Under some circumstances, former spouses of civil service employees or annuitants may qualify to enroll in a health benefits plan under the FEHB program. The former spouse must pay both the employee and Government share of the premium. Subchapter S17 of the Federal Employees Health Benefits Handbook contains detailed information regarding this coverage.

Surviving family members, who meet the requirements to continue enrollment of a deceased employee, are entitled to the same benefits and Government contributions as active and retired employees. The requirements for continuing enrollment are as follows:

- The deceased employee must have been enrolled for self and family at the time of death.
- At least one family member must be entitled to a survivor's annuity.
- The annuity of the survivor(s) must be sufficient to pay the withholdings required for enrollment in a plan. Survivors under the Federal Employees Retirement System may pay premiums directly to OPM if the annuity is insufficient to cover the premiums.