

## Verification of Family Member Eligibility

### Purpose

You are responsible for ensuring that only eligible family members are on your health plan.

Verification reviews are a routine compliance check and, in accordance with 5 CFR 890.308(f), may be done at any time. They help control costs by identifying and removing ineligible family members from coverage and promote fairness by verifying that coverage is given only to those family members that are truly eligible.

### Reminder

Any intentionally false statement or willful misrepresentation, such as knowingly including ineligible family members on a FEHB Program health insurance plan, is a violation of 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.

### Process

Your employing office will request documentation to confirm that the family members on your Self Plus One or Self and Family plan are eligible for coverage.

You must provide [acceptable documentation](#) within 60 calendar days or the person(s) will be removed from coverage. Your employing office will notify you of the results of the review, the date any ineligible person was removed, and your right to request reconsideration of their decision.

If the removal of an ineligible family member reduces your enrollment from 3(+) to 2 persons, or from 2 persons to just yourself, you may decrease your enrollment type to Self Plus One or Self Only, respectively, within 60 days.



This resource is for the purpose of providing general information about FEHB Program rules. It does not replace official guidance. The employing office will determine who is eligible and what evidence is acceptable. Additional information is available at [OPM.gov/healthcare-insurance/](https://www.opm.gov/healthcare-insurance/).