

**Attachment 3:**  
**Information Provided Does Not Verify Family Member Eligibility**  
**For Employing Office/Tribal Employer Use**  
**Family Member Eligibility Verification**

[Insert Date]

[Insert Employee Name and Address]

We have reviewed the documents you submitted to verify Federal Employees Health Benefits (FEHB) eligibility for your family member(s). Based on our review, the documents are not sufficient to verify eligibility. Therefore, we have determined that the person(s) listed below are not eligible for coverage under your FEHB enrollment.

1. [Insert Name of Ineligible Family Member]
2. [Insert Name of Ineligible Family Member]

The documentation submitted was not approved due to:

[Insert Reason]

This is an initial decision. You have the right to request that we reconsider this decision. A request for reconsideration must be filed with the employing office listed below within 60 calendar days from the date of this letter. A request for reconsideration must be made in writing and must include your name, address, Social Security Number (or other personal identifier, e.g. plan member number), your family member's name, the name of your FEHB plan, reason(s) for the request, and, if applicable, retirement claim number. Please also include a copy of this letter.

If the reconsideration decision reverses the family member's denial, the FEHB Carrier will begin coverage retroactively to the date on which it would have been effective had the original request been approved.

Send your request for reconsideration to:

[Insert Contact Information]

The above office will issue a final decision to you within 30 calendar days of receipt of your request for reconsideration. If you need more time to submit your reconsideration request, please contact the employing office listed above in writing.

As a reminder, any intentionally false statement or willful misrepresentation, such as including ineligible family members on a health insurance plan, 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.

If you have questions about this letter, you may contact us at:

[Insert Employing Office/Tribal Employer Info]

[Signature]

cc: [FEHB Carrier]