

Prepared by: Benefits and Entitlements Branch, April 2011

For Additional Information: (703) 696-6301 or DSN 426-6301

FAX: (703) 696-4705 or DSN 426-4705

Email Address: benefits@cpms.osd.mil

**Reconsideration Decisions for the
Federal Employees' Group Life Insurance (FEGLI),
Federal Employees Health Benefit (FEHB), and
Premium Conversion Plan (PC) Programs**

A Guide for Human Resources Specialists

**Civilian Personnel Management Service
Field Advisory Services Division
1400 Key Boulevard, Suite B-200
Arlington, VA 22209-5144**

**Eligibility Decisions for the
Federal Employees' Group Life Insurance (FEGLI),
Federal Employees' Health Benefit (FEHB), and
Premium Conversion Plan (PC) Programs**

Title 5, Code of Federal Regulations (CFR) provides the general and permanent rules published in the Federal Register by the executive departments, and agencies of the Federal Government regarding regulations pertaining to Federal benefits, and entitlements. Part 870.105 establishes regulations for initial decisions and, reconsideration of Federal Employees' Group Life Insurance (FEGLI) enrollment elections; part 890.104 establishes the regulations for Federal Employees Health Benefits (FEHB) enrollment elections; and part 892.103 establishes regulations with references to part 890.104 for premium conversion (PC). For detail review of title 5 CFR regulations, electronic versions are available online at <http://www.gpoaccess.gov/index.html>.

Additional guidance may be obtained from the FEGLI Handbook for Employees, Annuitants, and Compensationers or the FEHB Handbook. Both handbooks are accessible online at <http://www.opm.gov/insure/life/reference/handbook/index.asp> or <http://www.opm.gov/insure/health/reference/handbook/fehb00.asp>.

The employing office has the initial responsibility for determining eligibility for FEGLI and FEHB elections to include requests to waive or enroll in PC as set forth within the applicable title 5 CFR subparts.

Exception: The Office of Federal Employees' Group Life Insurance (OFEGLI) determines eligibility to cancel a waiver based on medical evidence of insurability and eligibility for Living Benefits. There is no reconsideration right for those decisions. The employing office cannot make decisions about FEGLI payment of claims. OFEGLI makes those decisions.

The employing office also has the responsibility of providing information to the employee, regarding their right to an independent level of review (reconsideration), conducted by the Department of Defense (DoD) Insurance Officer, Civilian Personnel Management Service (CPMS), Field Advisory Services (FAS) Division, Benefits and Entitlements Branch.

The reconsideration review determines if the employing office acted properly in accordance with the law and regulations in its initial decision. The reconsideration process will not overturn initial decisions that comply with the law and regulations.

When the employing office denies the employee's election for FEGLI, FEHB, or participation or waiver of PC, the determination must be provided to the employee in writing on agency letterhead.

The determination letter should contain the following information:

- Legal regulatory reference to support the denial from Title 5 CFR;
- Explanation of the reason(s) for the denial of coverage or opportunity to change;
- Employee's right to request reconsideration;
- Procedures for requesting reconsideration;
- Time limit for requesting reconsideration; and
- Contact information for the office responsible for the final reconsideration decision.

Employing offices are encouraged to contact CPMS before issuing their initial decision if the employee has unusual circumstances. Example case scenarios and sample agency/employing office letters are contained in Attachments 1 - 3 of this guide.



Issuing Denials of Enrollment

Employing Office Responsibilities:

- Review the initial request and make a determination on the request based on facts and applicable laws and regulations;
- Provide employee with a written decision;
- Provide an opportunity for the employee to change coverage if applicable; and
- Provide guidance on the process for reconsideration of the employee office's decision.

Employees' Responsibilities:

The employee has the right to request an independent review to reconsider the employing office's denial.

A request for reconsideration must:

- Be made in writing by the employee;
- Include the employee's name, address, date of birth, social security number, and reason(s) for request;
- Include a copy of the initial decision from the agency; and
- Include any additional documentation to support his/her claim.

Time Limit

The employee must make the request for reconsideration of an initial decision within **30 calendar days** from the date of the written decision stating the right to reconsideration. You may submit a facsimile or email to benefits@cpms.osd.mil with scanned copies for the purpose of meeting the deadline. It is the employee's responsibility to contact CPMS to confirm receipt of his/her request for reconsideration.

Time limits may be extended for the following reasons:

- The employing office failed to notify the employee of the required time limit;
- The employee was not otherwise aware of the time limit; or

- Due to reasons beyond the employee’s control, a request could not be made within the time limit.

Instruct employees to send the requests for reconsideration to:

Civilian Personnel Management Service
Field Advisory Services Division
Benefits & Entitlements Branch
Attn: DoD Insurance Officer
1400 Key Boulevard, Suite B-200
Arlington, VA 22209-5144

Facsimile number: DSN 426-4705, Commercial: (703) 696-4705
Email: benefits@cpms.osd.mil
Voice: (703) 696-6301 or DSN 426-6301 then select “1” for Benefits

DoD Insurance Officer’s Responsibilities

The reconsideration review determines if the employing office violated or misapplied any law or regulation in the initial decision. An overruling of the employing office’s initial decision will not be made if it is found to be in compliance with the law or regulation.

If the review determines that the employing office **did not** violate or misapply the law or regulation, the insurance office must inform the employee in writing that the employing office complied with the law or regulation and the request is denied. A copy of the final administrative decision will be sent to the employing office, as well.

If it is determined that the employing office **did** violate or misapply the law or regulation, the insurance office will overrule the employing office’s decision and notify the employee in writing. The insurance office’s decision letter will also include a reference for the decision and cite the appropriate law or regulation.

In cases where the employee is provided an opportunity to make or change an election, the employing office must permit the employee to make the change based on the DoD Insurance Officer’s decision. The effective date of the change is prospective. However, some cases may permit a retroactive effective date based on the applicable law or regulation. Generally, the retroactive date will be the date the timely election would have been effected.

The DoD Insurance office review is the final administrative review with no further reconsideration rights.

Attachment 1

FEGLI SAMPLE EMPLOYING OFFICE INITIAL DECISION LETTER

Ms. Scarlet O'Hara
Tara Estates
Atlanta, GA 00000

Dear Ms. O'Hara:

Explanation and reason for denial

On (date) we received your Standard Form (SF) 2817, Life Insurance Election form to enroll for Basic coverage in the Federal Employees' Group Life Insurance (FEGLI) Program.

Regulation

You filed a completed SF 2817 waiving all life insurance coverage on (date). **(Cite a law or regulation e.g., Title 5, Code of Federal Regulations, Section 870.506(iii), (b), (i))** states that an employee who previously waived basic insurance or declined the standard optional insurance or additional optional insurance may cancel the waiver or declination if at least one year has elapsed between the effective date of the waiver and the employee furnishes satisfactory medical evidence of insurability. Since one year has not elapsed from the date you elected to waive your insurance coverage, your request for enrollment cannot be approved at this time.

Rights to request reconsideration

Time limit

Required employee information

You may request a reconsideration of our decision to deny your enrollment to the Civilian Personnel Management Services (CPMS). Your request for reconsideration must be in writing and submitted within **30 calendar days** from the date of our letter of denial. Your request must include your name, address, date of birth, Social Security number, and reason(s) for the request with any supporting documentation. In addition, you must provide a copy of this letter of denial with your request. Failure to comply within the time limit or not providing a copy of your agency's letter of denial may result in the dismissal of your request. You may submit a facsimile or email your request for the purpose of meeting the deadline. It is your responsibility to verify CPMS' receipt of your request for reconsideration.

Address for DoD Insurance Officer

Send the request for reconsideration to Civilian Personnel Management Service, Field Advisory Services Division, Benefits and Entitlements Branch, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B-200, Arlington, VA 22209-5144. The telephone number for the facsimile transmission is DSN 426-4705 or (703) 696-4705. The email address is benefits@cpms.osd.mil.

Please contact (**name and direct telephone number of employing office's representative**) if you need further information.

Sincerely,

Attachment 2

FEHB SAMPLE EMPLOYING OFFICE INITIAL DECISION LETTER

Mr. John Wayne
100 Mansion Road
Gotham, NY 00000

Dear Mr. Wayne:

On (date), you contacted this office to inquire on the status of your FEHB change from self only to self and family that you initiated in the Employee Benefits Information System (EBIS) due to marriage on (date).

Regulation

(Cite law or regulation) e.g., Title 5, Code of Federal Regulations, Section 890: 5 CFR, Part 890.103(a) and 890.301(g), states that an employee must enroll or change the enrollment within the period beginning 31 days before the date of change in family status, and ending 60 days after the date of the change in family status.

Explanation/or
reason for denial

Our record shows that we informed you of the requirements to elect family coverage. Although your election was entered into the EBIS system timely, you failed to electronically sign your election within 60 days following your date of marriage. Therefore, we cannot accept or permit your enrollment for the requested self and family coverage.

Rights to request reconsideration

You may request reconsideration of our decision to deny your enrollment by writing to Civilian Personnel Management Services (CPMS). Your request must be in writing and submitted within **30 calendar days** from the date of this letter of denial.

Time limit

Required
employee
information

Your letter must include your name, address, date of birth, Social Security number, and reason(s) for the request with any supporting documentation. Failure to comply within the time limit or not providing a copy of your agency's letter of denial may result in the dismissal of your request. You may submit a facsimile or email your request for the purpose of meeting the deadline. It is your responsibility to verify CPMS' receipt of your request for reconsideration.

Address for DoD
Insurance Officer

Send your request for reconsideration to Civilian Personnel Management Service, Field Advisory Services Division, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B-200, Arlington, VA 22209-5144. Email: benefits@cpms.osd.mil. The telephone number for facsimile transmission is DSN 426-4705 or (703) 696-4705.

Please contact (**name and direct telephone number of employing office's representative**) if you need further information.

Sincerely,

Attachment 3

PC SAMPLE EMPLOYING OFFICE INITIAL DECISION LETTER

Ms. Mary Flower
8855 Spring Street
Summertime, VA 00000

Dear Ms. Flower:

On (date) we received your request to waive participation in premium conversion because (give a reason) e.g., you decided after the qualifying event of a divorce to waive premium conversion for personal financial reasons.

Regulation

(Cite the regulations(s)) e.g., Title 5, Code of Federal Regulations, Section 892.208, allows an employee to waive participation in premium conversion 60 days after the date of a qualifying life event.

Explanation
for denial

We denied your request to cancel your FEHB coverage because you failed to submit your waiver within the time limit allowed by the regulations. Therefore, we cannot approve your request to cancel FEHB coverage at this time.

Rights to request reconsideration

Time limit

You may request reconsideration of our decision to deny your waiver of participation in premium conversion by writing to the Civilian Personnel Management Services (CPMS). Your request must be in writing and submitted within **30 calendar days** from the date of the letter of denial. Failure to comply with the time limit may result in the dismissal of your request. CPMS will accept emails with scanned copies, or a facsimile of your request for the purpose of meeting the deadline. It is your responsibility to verify CPMS' receipt of your request for reconsideration.

Your letter must include your name, address, date of birth, Social Security number, name of carrier, and reason(s) for the request. In addition, attach a copy of your agency's letter of denial to your request. Send your request to Civilian Personnel Management Services, Field Advisory Services Division, Benefits and Entitlements Branch, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B-200, Arlington, VA 22209-5144. Email: benefits@cpms.osd.mil. The telephone number for facsimile transmission is DSN 426-4705 or (703) 696-4705.

Please contact (**name and direct telephone number of employing office's representative**) if you need further information.

Address for DoD
Insurance Officer

Required
employee
information

Sincerely,