

REQUEST FOR TCC COVERAGE

The enrollee should complete the sections below that apply, taking care to print legibly.

Separated Employee/Former Employee

(P.L. 100-654 or P.L. 102-484)

Employee Name _____

Employee SSN _____ Date of Birth _____

Did you receive a Reduction-in-force (RIF) separation notice? Yes _____ No _____

Did you volunteer for RIF? Yes _____ No _____ (P.L. 104-106)

Separation Date _____

Former Spouse or Child

Employee's Name _____

Employee's SSN _____ Date of Birth _____

If Child, check here _____

Date the child turned age 22 _____ **OR**

Date of the child's marriage _____ (P.L. 100-654)
(attach copy of marriage certificate)

If Former Spouse (P.L. 100-654), check here _____
(Attach copy of divorce decree or court order)

If Former Spouse - Spouse Equity (P.L. 98-615), check here _____
(Attach copy of OPM's determination and divorce decree or court order)

If this request is being made more than 60 days after the qualifying event, please explain the reason for the delay below. If additional room is needed, a statement can be attached.