

# **IMPORTANT NOTICE**

## **Affordable Care Act**

### Coverage for Children up to age 26

On March 23, 2010, President Obama signed the Affordable Care Act, (ACA), Public Law 111-148. Beginning January 1, 2011, children, either married or unmarried, are covered under their parent's Self and Family enrollment up to age 26. The purpose of this notice is to provide you with information on how the ACA will affect dependent eligibility under the Federal Employees Health Benefits (FEHB) Program.

### **What This Means for You**

Your children between the ages of 22 and 26 (including your married child<sup>1</sup>) who are currently ineligible for FEHB coverage may be added to your 2011 **Self and Family** enrollment and be covered up to age 26. Under the new law, children:

- Do not have to live with the enrolled parent, be financially dependent on the enrolled parent, or be students to remain covered until age 26<sup>2</sup>.
- Are covered under the enrolled parent's **Self and Family** enrollment even if they are eligible for or have their own employer-provided health insurance coverage.
- Are not required to have any form of continuous health insurance, such as Temporary Continuation of Coverage (TCC), leading up to the effective date of their eligibility.

### **What You Must Do If You Want to Add a Newly Eligible Child to Your FEHB Enrollment**

**Self and Family enrolled members** – If you have an under age 26 child enrolled in SAMBA's Dependent Children Health Benefit Plan, we will automatically transfer your covered child to your 2011 **Self and Family** coverage. Otherwise, you must notify SAMBA regarding the newly eligible under age 26 child(ren) you want to add to your 2011 **Self and Family** enrollment. You can notify us by completing the "**Child Notification Form**" on the reverse side of this notice. SAMBA cannot take enrollment changes by telephone.

**Self Only enrolled members** – In all instances, in order to add newly eligible under age 26 child(ren) to your SAMBA health plan, you must change to a **Self and Family** enrollment through your agency or retirement system. You may change your enrollment during the Open Season<sup>3</sup>. SAMBA cannot make this change for you. Note: the effective date of your child's coverage will depend on when your 2011 **Self and Family** enrollment becomes effective (usually January 1, for retired members and January 2, for active members).

### **Other Information**

Under the FEHB program, coverage may extend beyond age 26 only if your child is incapable of self support due to a disability that began before age 26. For more information, contact your agency or your retirement system.

For more information about the matter, please visit [www.opm.gov/insure](http://www.opm.gov/insure).

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<sup>1</sup> If your child has a spouse and/or children, the spouse and/or children are not eligible family members under your Self and Family Enrollment.

<sup>2</sup> Children who lose coverage due to reaching age 26 are eligible for TCC for up to 36 months even if they previously had TCC.

<sup>3</sup> You may also change your enrollment from 31 days before to 60 days after January 1, 2011 as a Qualifying Life Event (QLE). Your change to Self and Family will take effect on the first day of the pay period that includes January 1, 2011.

# Child Notification Form

*For use only by current **Self and Family** members to add children ages 22 to 26. Use additional forms if enrolling more than one child.*

*Do not use this form if you are a current **Self Only** member. You must change your enrollment status to **Self and Family** through your agency or retirement system.*

**Instructions:**

- |                                                                                         |                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Provide the information requested</p> <p>2. Be sure to Sign and Date the form</p> | <p>3. Mail or Fax the completed form to:<br/>                 SAMBA<br/>                 11301 Old Georgetown Road<br/>                 Rockville, MD 20852<br/>                 Fax number: 301-816-0191</p> |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Section I. MEMBER INFORMATION**

|                                                                   |                      |                         |
|-------------------------------------------------------------------|----------------------|-------------------------|
| Member's Last Name                                                | First Name           | Middle Initial          |
| Member's Mailing Address (No. & Street) (City) (State) (Zip Code) |                      |                         |
| Member's ID or Social Security Number                             | Daytime Phone Number | Member's E-mail Address |

**Section II. DEPENDENT INFORMATION**

|                                                                                                                                                                                  |                                                                                    |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|
| Child's Last Name                                                                                                                                                                | First Name                                                                         | Middle Initial                 |
| Child's Date of Birth                                                                                                                                                            | Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female              | Child's Social Security Number |
| Relationship to Member<br><input type="checkbox"/> Natural Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Foster Child | Is Your Child Married?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Does your Child have other health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide name of carrier:                        |                                                                                    |                                |

I, the member, understand that I am certifying that the child listed above is between the ages of 22 and 26 – and is an eligible child under my FEHB 2011 **Self and Family** enrollment. I further understand that SAMBA may ask for a copy of my child's birth certificate or other documentation in order to verify eligibility for coverage.

|                     |      |
|---------------------|------|
| Signature of Member | Date |
|---------------------|------|