**ELIGIBILITY FOR FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) OR TRICARE RESERVE SELECT (TRS) INSURANCE**

Public Law 109-364 excludes individuals from coverage under TRICARE Reserve Select (TRS) who are eligible for health insurance under the Federal Health Benefits (FEHB) program. Therefore, Selected Reserve members who are eligible for FEHB will lose their TRS coverage.

**Eligibility for FEHB includes** those technicians appointed to **permanent** or **indefinite** appointments and **temporary appointments** who areinitially appointed for more than 90 days of continuous employment, you are eligible for health insurance (FEHB) as of your **appointment date**. You will have 60 days from your Appointment Date to select FEHB coverage. If you do not, it is considered waived, and you will have to wait for an Open Season or Qualifying Life Event (QLE) to select coverage. <https://www.opm.gov/healthcare-insurance>.Technicians may also apply for coverage through the Health Insurance Marketplace during their open enrollment times. For more information, go to: <https://nystateofhealth.ny.gov/>

**If you become eligible for FEHB whether you request coverage or not, you are no longer eligible to continue TRS.**

**Effective December 2014: Temporary technicians** eligible for enrollment in FEHB will receive the same employer contribution to premium as permanent and indefinite employees receive.

If you become eligible for FEHB and are enrolled in TRS, **you must immediately notify TRICARE North Region**, Health Net Federal Services, LLC, at 1-800-555-2605 or [www.healthnetfederalservices.com](http://www.healthnetfederalservices.com/) to terminate your coverage, or you will have to repay TRS for all monies paid on claims retroactive to your FEHB eligibility date and you may face fines and/or a charge of fraud.

A signed copy of this document will be filed in your Official Personnel File (OPF).

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# I CERTIFY THAT I HAVE READ AND I UNDERSTAND THE CONDITIONS OF ELIGIBILITY FOR FEHB AND/OR TRS INSURANCE AND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE TRS CORPORATION TO CANCEL IF NECESSARY.

Signature Date

Typed or printed Name:

Date of Hire:

TRICARE Reserve Select enrollment (initial): Enrolled Not Enrolled

Technician Unit/Org. of Assignment: