



GOVERNMENT OF THE DISTRICT OF COLUMBIA
**TEMPORARY CONTINUATION OF COVERAGE (TCC)
 BENEFITS ENROLLMENT FORM**



- You have the right to temporarily continue your current DCEHB group health plan coverage for **up to 18 months after your separation**. **You must pay the full premium**, both the employee and government portions, plus a 2% administrative charge.
- If you choose to continue your current DCEHB health plan coverage, your **31-day temporary extension of coverage is at no cost**. **Enrollment charges begin on the day after the 31-day period of free coverage ends**.
- You have **60 days from your separation date to elect TCC**.

2025 TCC/COBRA Rates (includes full premium plus 2% administrative charge)									
	Aetna CDHP	Aetna HMO	Aetna PPO	CareFirst CDHP	CareFirst HMO	CareFirst PPO	Kaiser	UHC HMO	UHC PPO
Self	\$462.59	\$1,199.32	\$1,151.61	\$446.96	\$886.48	\$978.72	\$829.45	\$1,046.30	\$1,031.45
Self + 1	\$909.26	\$2,372.96	\$2,263.77	\$853.70	\$1,746.38	\$1,869.35	\$1,584.25	\$1,998.40	\$1,970.06
Family	\$1,336.68	\$3,442.59	\$3,327.96	\$1,309.60	\$2,561.94	\$2,867.64	\$2,430.22	\$3,065.60	\$3,022.12

PERSONAL INFORMATION					
Last Name		First Name		MI	
Mailing Address (Street, #)		City	State	Zip	
Phone (XXX-XXX-XXXX)	Email		Agency		
EMPL ID	DOB (MM/DD/YYYY)		SSN (XXX-XX-XXXX)		Gender

HEALTH INSURANCE: An employee or family member cannot be covered under more than one DCEHB enrollment.						
Coverage Tier			Carrier			
Self	Domestic Partner* (partner only)		Aetna CDHP	CareFirst CDHP	Kaiser Permanente HMO	UnitedHealthcare HMO
Self + 1	Domestic Partner* (partner + family)		Aetna HMO	CareFirst HMO		UnitedHealthcare PPO
Family	I waive health coverage.		Aetna PPO	CareFirst PPO		
*Must meet 29 DCMR 8001.1						

Dependents: List all individuals to be covered. Medical coverage is available to dependents up to age 26.

Relation Code: 1= Spouse 2= Son 3= Daughter 4= Domestic Partner

Name (first, last)	Rel.	Gender	DOB	SSN

SIGNATURE**In making this election, I understand that:**

I cannot change or revoke this enrollment at any time during the year for which this election is made, unless I have a change in family status (including marriage, divorce, death of a spouse or child, employment or termination of employment of spouse, birth of a child, adoption of a child).

Additionally, I understand that I have 31 days from my date of separation to make my first insurance payment to the carrier. Failure to make timely premium payments will result in my benefits being cancelled.

Please Note: Once you are no longer working, your timeframe for Medicare enrollment is three months before you reach age 65 (the month you turn 65) and ends three months after that birthday month. If you are over age 65, please verify with your selected carrier for more information regarding the coordination of benefits.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signature:

Date:

Signature of Authorized Agency Official:

Date:

CONTACT**DCHR Benefits & Retirement Administration**

202.442.7627

dchr.benefits@dc.govdchr.dc.gov**DCHR OFFICE USE ONLY**

Date Processed:	
Active Coverage End Date:	
TCC/COBRA Start Date:	
Date of First Payment to Carrier:	

Division Code (DCHR use only for Aetna)				
<i>Active</i>	<i>Housing</i>	<i>Disability</i>	<i>Extension</i>	<i>UDCRET</i>
<i>Retiree</i>	<i>DCOPR</i>	<i>ActiveAnc</i>	<i>ANC3C</i>	

PayFlex Systems USA, Inc.
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