Federal Employees Dental and Vision Insurance Program (FEDVIP)

Belated Enrollment/Change Form

Use this form only to request approval for a belated FEDVIP enrollment, change to an existing FEDVIP enrollment, or cancellation of your FEDVIP enrollment.

We will consider your request if you were unable to perform, due to specific reasons beyond your control, the requested action during the Federal Benefits Open Season or within 60 days of a qualifying life event (QLE) or becoming a new or newly eligible employee. (Examples of a QLE may be a change in family status that results in the increase or decrease in the number of eligible family members or an employee being restored to civilian status after serving in the uniformed services.) BENEFEDS must receive your completed form within three months of the last day of the Federal Benefits Open Season, your QLE date, or your new hire or newly eligible date. **Incomplete forms will not be processed.**

Section A: Contact Information

Provide as much accurate info	mation as possible. We ca	annot process your red	quest if we cannot reach you.
First name	M.I. Las	t name	
Address 1			
Address 2			
City		State/Territory	
Country		Zip/Foreign postal code	
Section B: Information ab Please answer all applicable qu			
1. This request is for a:	change to an existing enro	ollment cance	ellation of an enrollment
2. If this is NOT a Federal Ber please enter your QLE, new			or a new hire or newly eligible r
Date of QLE, new hire, or n	ew eligibility(m	m/dd/yyyy)	
3. Is this request for a FEDVIF	dental plan and/or a FED	VIP vision plan?	
Dental plan Vis	ion plan		



continue on reverse

4.	Below are the valid	reasons for which	approval of this re	eauest will be	considered.
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- You had no access to a telephone or the Internet for the entire duration of the Federal Benefits Open Season or within 60 days of a QLE or becoming a new or newly eligible employee.
- ▶ You had a significant medical emergency for yourself or an immediate family member and you were unable to perform your requested action for a significant portion of the Federal Benefits Open Season or within 60 days of a QLE or becoming a new or newly eligible employee.
- A member of your immediate family passed away and you were unable to perform your requested action during the Federal Benefits Open Season or within 60 days of a QLE or becoming a new or newly eligible employee.

Please explain why you could not enroll, make a change, or cancel your enrollment during the eligible time frame.						
We will base our decision on the information you provide, so please be as detailed as possible. While we review this information, we may request additional documentation to support your reason.						

Please note: We will send you a written notice of our decision. If your request is approved, the following points apply.

- ▶ You will have 30 days from the date on your approval letter to contact BENEFEDS to execute your request.
- ▶ Per Federal law, a belated enrollment, change, or cancellation must be retroactive to the effective date it would originally have been, had the request for the change been received within the eligible time frame.
- ▶ If the change results in past due premiums, Federal law states that these premiums must be paid by direct bill. Failure to make this direct bill payment will result in a termination of your enrollment.

Section C: Signature and Mailing / Fax Instructions

Print name		
	(Required)	
Signature		
6	(Required)	
Date signed//(Required: mm/dd/yyyy)		

Fax to: 1-877-827-3291

Mail to: BENEFEDS | P.O. Box 797 | Greenland, NH 03840-0797