

**ELIGIBILITY FOR FEDERAL EMPLOYEES HEALTH BENEFITS OR TRICARE RESERVE  
SELECT 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, employees who are eligible for FEHB will lose their TRS coverage.**

**Eligibility for FEHB includes:** employees who are appointed to a permanent, indefinite or temporary appointment for 90 days or longer, without a break in service of five days.

\_\_\_\_ I, hereby acknowledge that I **am not eligible** for FEHB.

\_\_\_\_ I, hereby acknowledge that I **am eligible** for FEHB and I am no longer eligible for TRS.

\_\_\_\_ I, hereby acknowledge that I **am not** enrolled in TRS.

\_\_\_\_ I, hereby acknowledge that I **am** enrolled in TRS.

**If you are enrolled in TRS and are eligible for FEHB, you must immediately notify TriWest Healthcare Alliance Corporation at 1-888-874-9378 or [www.triwest.com](http://www.triwest.com) to terminate coverage. If not completed in a timely manner, you may be faced with a debt to TRS which can include additional fines and/or fraud charges.**

**This document will be filed in your Electronic Official Personnel File (eOPF)**

**I certify acknowledgement and understand the conditions listed above.**

**Printed or Typed Name:**

\_\_\_\_\_

**Last 4 of SSN:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_ **Civilian Unit/Org:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_