

# 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 information as possible. We cannot process your request if we cannot reach you.

First name	M.I.	Last name
Address 1		
Address 2		
City	State/Territory	
Country	Zip/Foreign postal code	
BENEFEDS user ID if applicable		

Daytime phone

Other phone

Best times to call you about your request

## Section B: Information About Your Request

Please answer all applicable questions.

**1. This request is for a (please select one):**

- new enrollment     change to an existing enrollment     cancellation of an enrollment

**2. If this is NOT a Federal Benefits Open Season request and involves a QLE or a new hire or newly eligible request, please enter your QLE, new hire, or newly eligible date.**

Date of QLE, new hire, or new eligibility \_\_\_\_\_  
(mm/dd/yyyy)

**3. Is this request for a FEDVIP dental plan and/or a FEDVIP vision plan?**

- Dental plan     Vision plan

*continue on reverse*



**4. Below are the valid reasons for which approval of this request will be considered. Note: If you did not experience one of the reasons listed below, we are unable to approve this request.**

**Please select one of the reasons below.**

- 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.

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**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.
- ▶ All BENEFEDS decisions are final.

### Section C: Signature and Mailing / Fax Instructions

**Print name** \_\_\_\_\_ (Required)

**Signature** \_\_\_\_\_ (Required)

**Date signed** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Required: mm/dd/yyyy)

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

**Fax to:** 1-877-827-3291