

Dependent Eligibility Requirements

Eligibility Requirements	Required Documentation (provide <u>one</u> copy of the following per dependent)
Spouse – Working Spouse Employer Information Form required for all medical plan enrollments	
<p>Legal Spouse: (provided you are not legally separated or divorced)</p> <p>Note: A common law spouse is not eligible for coverage as a legal spouse. He/she may be eligible, however, as a domestic partner. See the Domestic Partner section below.</p> <p>Dependent Life Insurance:</p> <ul style="list-style-type: none"> Spouse coverage ends at age 70. 	<ul style="list-style-type: none"> Working Spouse Employer Information Form (Required for all medical plan enrollments) Current Federal Form 1040 that identifies the employee/spouse relationship Original certified or uncertified copy of civil marriage certificate issued by a county registrar with appropriate signatures (certificates issued by religious institutions will not be accepted) Immigration papers that identify employee/spouse relationship
Child(ren)/Child(ren) of Domestic Partner	
<p>For dependents who turn age 26: Medical, prescription, dental and vision coverage will end on the last day of their birth month.</p> <p>Dependent Life Insurance: The following are considered eligible for coverage:</p> <ul style="list-style-type: none"> Under age 19: Unmarried, dependent children include: <ul style="list-style-type: none"> Natural children; Foster children; Adopted children; Stepchildren; Child by custody or guardianship; and Unmarried children for whom you are the legal guardian provided they depend solely on you for their support and/or were living in your home. Ages 19 – 23: Unmarried children under the age of 23 who are full-time students in an accredited institution and are dependent on you for support. You are responsible for notifying the Benefits Dept. if your dependent between the ages of 19 and 23 is no longer a full-time student, joins the Military, or gets married. Handicap Children: Unmarried children under the age of 23 who are physically or mentally handicapped and depend on you for support. Your child must be handicapped as of the date coverage would otherwise end under the rules above. The child's eligibility will be extended for as long as you're covered by the Plan and the handicap continues to qualify for coverage in all aspects other than age. (Team Members hired on or after 2/1/2004 may not add physically or mentally handicapped dependents over age 23). 	<p>For <u>all</u> children, one of the following is required:</p> <ul style="list-style-type: none"> Current Federal Form 1040 that identifies the employee/child relationship Hospital verification of birth Certificate of birth as issued by the State Department of Public Health Immigration papers that identify parent/child relationship Copy of original certified or uncertified copy of birth certificate issued by county registrar Divorce decree identifying dependent child relationship Certified court ordered custody/guardianship papers <p>If a dependent child is a <u>stepchild</u>, you should also provide:</p> <ul style="list-style-type: none"> Current Federal Form 1040 that identifies the employee/child relationship <p>If dependent child is a <u>foster child</u>, you should also provide:</p> <ul style="list-style-type: none"> Document showing that the child was placed with you by an authorized placement agency or by a court order <p>If dependent child is <u>adopted</u>, you should also provide:</p> <ul style="list-style-type: none"> Certified court approved adoption papers Placement letter from court/adoption agency <p>For Dependent Life Insurance: In addition to required verification of dependent status (as noted above), you must also provide:</p> <p><u>Children ages 19-23:</u></p> <ul style="list-style-type: none"> Current proof of full-time student status <p><u>Handicapped children:</u></p> <ul style="list-style-type: none"> Photocopy of Social Security disability award Original signed physician statement
Domestic Partner – Affidavit of Domestic Partnership & Working Spouse Employer Information Form required for all medical plan enrollments	
<p>Same-sex and opposite-sex domestic partners who have met certain criteria. Please see the <u>Domestic Partner Supplement</u> for eligibility requirements.</p> <p>Dependent Life Insurance:</p> <ul style="list-style-type: none"> Domestic Partner coverage ends at age 70. 	<ul style="list-style-type: none"> Signed/dated Affidavit of Domestic Partnership (in Supplement) Working Spouse Employer Information Form (Required for all medical plan enrollments) Mortgage or deed showing joint ownership of permanent residence Lease showing joint tenancy for residence Proof of common ownership of motor vehicle Joint bank account statement Documentation of joint responsibility for debt Joint credit card account statements Designation as primary beneficiary for life insurance Designation as primary beneficiary for retirement benefits Designation as primary beneficiary under partner's will Assignment of durable property power of attorney to partner