

FAMILY MEMBER (DEPENDENT) ELIGIBILITY

Eligible dependents can be covered on many of your benefit plans. Proof of eligibility is required for all new dependents added to the health and/or dental plan. The chart below lists eligible dependents and documents that can be used to prove dependent eligibility for insurance coverage. If you do not submit proof of dependent eligibility, your dependent will be removed from the health/dental plans.

Dependent Type & Definition	Required Documentation
<p>Spouse: The covered employee's spouse according to the laws of the state where the employee lives or was married.</p>	<p>OPTION 1</p> <ul style="list-style-type: none"> Copy of most recent federal tax return showing spouse (Front and signature pages only) <p>OPTION 2</p> <ul style="list-style-type: none"> Marriage certificate; AND Proof of joint ownership dated within the past 60 days (e.g. joint bank statement, credit card, mortgage, etc.) Social Security numbers and financial information can be marked out
<p>Domestic Partner: The covered employee's domestic partner in accordance to the laws of the state where the employee lives for domestic partner relationships</p>	<p>Certificate of Domestic Partnership signed by both partners, notarized and returned. AND two of the following items (must be in effective for at least 12 months prior to enrollment in benefits):</p> <ol style="list-style-type: none"> Joint mortgage or lease agreement Notarized mutual assignment of POA for financial and medical Joint checking or credit account Formal commitment ceremony document Primary beneficiary designation for will, life insurance, and/or retirement benefits <p>A child(ren) of the domestic partner is not eligible for benefit coverage unless there is a legal adoption in place.</p>
<p>Dependent Child under age 26: Natural-born children or legally adopted children, whether or not such children live with the employee</p>	<p>NATURAL-BORN CHILD:</p> <ul style="list-style-type: none"> Birth certificate <p>ADOPTED CHILD:</p> <ul style="list-style-type: none"> Amended birth certificate naming employee as parent; OR Copy of adoption papers
<p>Step-Children under age 26: Children whose natural parent is married to and resides with the team member</p>	<ul style="list-style-type: none"> Birth certificate; AND Proof of marriage to a natural parent (see required documents for Spouse above)
<p>Disabled Child over age 26: A covered child who reaches the limiting age (26 years old) and is totally disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered employee for support and maintenance and unmarried. The plan administrator may require, at reasonable intervals during the two years following the dependent's reaching the limiting age, subsequent proof of the child's total disability and dependency.</p>	<ul style="list-style-type: none"> Birth certificate; AND Physician letter with a statement of Total and Permanent Disability, completed and signed by the dependent's physician (stamped signature not acceptable); AND Copy of current federal tax return (front and signature pages only); AND Copy of Supplemental Security Income (SSI) award, if eligible.
<p>Qualified Medical Child Support: Any child of a plan participant who is an alternate recipient under a qualified medical child support order shall be considered as having a right to dependent coverage under this plan</p>	<ul style="list-style-type: none"> Final court order with presiding judge's signature; OR Qualified Medical Child Support Order (QMCSO) showing date of birth

Dependents cannot be added to your coverage if they are:

- In the armed forces. However, those on active military duty are eligible for coverage under TRICARE effective the date of their active-duty orders.
- An ex-spouse. Employees must cancel dependent coverage when the dependent no longer meets the eligibility requirements.
- A dependent who is already a member of the Carle Employee Health Plan through their employment at Carle Health