

Covering Spouses or Other Dependents

If you are eligible for medical coverage, you can also enroll your spouse and/or eligible dependent children for medical, prescription, dental, vision, and spouse and/or child life insurance. You must provide documentation proving that your dependents meet eligibility requirements if you are enrolling in coverage for the first time.

Eligible dependents	Required documentation
Spouse: The employee's spouse under a legally valid existing marriage.	Marriage Certificate AND current document establishing current relationship status (i.e. joint bill, insurance policy, lease agreement, etc). Document MUST be dated within the last ninety (90) days.
Child(ren): The employee's natural, newborn, adopted, foster, or step child(ren) (or a child for whom the Employee has been court-appointed as legal guardian or legal custodian). Can be covered on the plan up to the end of the month in which they turn 26, regardless of marital or school status, or in the case of a foster child, is no longer eligible under the Foster Child Program.	Birth Certificate, hospital footprint record, or hospital record, naming the employee as the child's parent OR appropriate court order/adoption decree naming the employee or employee's spouse as the child's legal guardian.
Stepchild(ren): The biological offspring or adopted child of an employee's eligible spouse. Can be covered on the plan up to the end of the month in which they turn 26.	Birth Certificate naming spouse as the child's parent AND above documentation required for a spouse.
Grandchild(ren): The newborn child of a covered dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.	Birth Certificate naming employee's dependent child as the parent.
Handicapped Children: Children of any age who become totally and permanently disabled before age 26.	Proof of the disability will be a statement from the dependent's physician certifying that the dependent was incapacitated or disabled prior to the limiting age, is incapable of self sustaining employment by reason of mental or physical disability, and is fully dependent upon the contract holder for support.

You must submit required documentation for your eligible dependents within 30 days of enrolling. If documentation is not provided, coverage for the dependent(s) will be denied.

NOTICE: As prohibited by the rules of the plan, the following acts will be treated as fraud or misrepresentation of material fact:

- falsifying dependent information or documentation
- certifying ineligible persons as eligible
- enrolling ineligible persons in coverage
- falsifying the occurrence of life events or life event documentation
- failing to remove dependents from coverage within 30 days of when they lose eligibility

**Such acts will require you to reimburse the plan for any claims incurred.
Legal and disciplinary action may be taken.**