Eligibility

EMPLOYEES

Employees must be a regular, full-time employee currently working .50 FTE or higher. Eligible employees must be actively at work when their benefits become effective.

DEPENDENT ELIGIBILTY REQUIREMENTS

Eligible Dependents are:

- Your legal spouse or your domestic partner.
- Your child(ren), children whom you have been appointed legal guardianship of, stepchildren, and legally adopted children.

Children will be covered from birth, adoption, or time of guardianship until:

- Health Insurance End of calendar year they turn 26.
- Dental and Vision End of calendar year they turn 25
- Your dependent child(ren) must be unmarried to be covered.
- Critical Illness, Accident, and Life To age 26.

Disabled Child(ren)

Dependents who become disabled before age 26 and rely on you for support may be eligible.

DEPENDENT ELIGIBILTY DOCUMENTS

All dependent eligibility documents must be uploaded into PlanSource. Paper documents or emailed documents are not accepted. The following documents must be uploaded during your enrollment period before coverage is approved:

Spouse – BOTH (2) documents must be provided as one attachment.

- A copy of your court-filed marriage certificate (filed in public records, church documents are not accepted) **AND** one of the following:
 - Copy of the front page of the current year's Federal Tax Return showing "Married filing jointly" or "Married filing separately".
 - A household statement dated within the last 60 days with both you and your spouse's names listed. (For example: bank statement, mortgage statement, property tax, electricity, or cable).

Domestic Partner – Affidavit of Domestic Partnership (provided by Benefits Office upon request.) Domestic partners may only be covered on the medical plan.

Children – Birth certificate, hospital birth record, adoption certificate naming you or your spouse as the child's parent, or a copy of the court order naming you or your spouse and the child's legal guardian, legal custodian, or foster parent.

Disabled Child(ren) – Birth certificate, hospital birth record, adoption certificate naming you or your spouse as the child's parent, or a copy of the court order naming you or your spouse and the child's legal guardian, legal custodian, or foster parent **AND** a copy of the Social Security Administration letter awarding disability benefits or letter form physician confirming disabled status.