



# DEPENDENT ELIGIBILITY

## Definitions and Required Documents

Revised March 2017

TYPE OF DEPENDENT	DEFINITION of DEPENDENT	REQUIRED DOCUMENT(S) FOR VERIFICATION
<b>Spouse</b>	<p>A current legal spouse as defined by Tennessee state law. An ex-spouse, common law spouse or civil union partner is <b>not</b> an eligible dependent.</p> <p>Your Legal Spouse (or domestic partner for life insurance only) includes:</p> <ul style="list-style-type: none"> <li>• <b>For MEDICAL coverage:</b> your spouse is only eligible for medical coverage if he or she does not have medical coverage available through his or her employer.</li> <li>• <b>For DENTAL and VISION coverage:</b> your spouse is eligible regardless of coverage availability through an employer.</li> </ul>	<p><b>If married in current calendar year:</b> a marriage certificate is the only proof of eligibility required.</p> <p><b>If married longer than a year:</b></p> <ul style="list-style-type: none"> <li>• <b>Federal Tax Return:</b> first page of most recent filed showing "married filing jointly" (if married filing separately, submit page 1 of both returns) or form 8879 (electronic filing)</li> </ul> <p style="text-align: center;">***** OR *****</p> <p><b><u>Proof of Marital Relationship – (Only One of the Following)</u></b></p> <ul style="list-style-type: none"> <li>• Government issued marriage certificate or license</li> <li>• Naturalization papers indicating marital status</li> </ul> <p style="text-align: center;"><b>AND</b></p> <p><b><u>Proof of Joint Ownership – (Only One of the Following)</u></b></p> <p><b>Must be in both the employee and spouse's name</b></p> <ul style="list-style-type: none"> <li>• Bank Statement issued within the last six months;</li> <li>• Mortgage Statement issued within the last six months;</li> <li>• Residential Lease Agreement within the current terms;</li> <li>• Credit Card Statement issued within the last six months;</li> <li>• Property Tax Statement issued within the last 12 months.</li> </ul>
<b>Child Natural (Biological) (*Under age 26)</b>	A natural (biological) child	<ul style="list-style-type: none"> <li>• The child's birth certificate; <b>or</b></li> <li>• Certificate of Report of Birth (DS-1350); <b>or</b></li> <li>• Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); <b>or</b></li> <li>• Certification of Birth Abroad (FS-545)</li> </ul>
<b>Child Legally Adopted (*Under age 26)</b>	A child the participant has adopted or is in the process of legally adopting.	<ul style="list-style-type: none"> <li>• Court documents signed by a judge showing that the participant has adopted the child; <b>or</b></li> <li>• International adoption papers from country of adoption; <b>or</b></li> <li>• Papers from the adoption agency showing intent to adopt</li> </ul>
<b>Child Guardianship</b>	Child for whom the participant is a legal guardian.	<ul style="list-style-type: none"> <li>• Any legal or court document that establishes guardianship</li> </ul>
<b>Stepchild (*Under age 26)</b>	A child (who falls under one of the categories previously listed) of a legally married spouse.	<ul style="list-style-type: none"> <li>• Verification of marriage between employee and spouse (as outlined above) and birth certificate of the child showing the relationship to the spouse; <b>or</b></li> <li>• Any legal document that establishes relationship between the stepchild and the spouse or the member</li> </ul>
<b>Child (Qualified Medical Child Support Order)</b>	A child who is named as an alternate recipient with respect to the participant under a qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> <li>• Court documents signed by a judge; <b>or</b></li> <li>• Medical support orders issued by a state agency</li> </ul>
<b>Child Disabled</b>	A dependent child of any age (who falls under one of the categories previously listed) & due to a mental or physical disability, is unable to earn a living. Dependent's disability must begin before age 26 and while covered under a plan.	<ul style="list-style-type: none"> <li>• Proof of disability in form of Doctor Letter must be submitted within 30 days of the date the child's coverage would terminate due to age.</li> <li>• Periodic proof that the dependent child continues to be incapable of self-support will be required.</li> </ul>

**\*Dental and Vision benefits require separate eligibility verification for dependent children ages 19 up to 25. Please see reverse side for further dental and vision requirements**

<b>TYPE of DEPENDENT</b>	<b>ELIGIBILITY REQUIREMENTS for DENTAL and/or VISION BENEFITS (Age 19 up to 25 years of age)</b>	<b>REQUIRED DOCUMENT(S) FOR ELIGIBILITY VERIFICATION</b>
<b>Child</b> (Who falls under one of categories previously listed)	<ul style="list-style-type: none"> <li>• An <b>unmarried</b> dependent child under age 25</li> <li><b>AND</b></li> <li>• Is a student at an educational institution including colleges, universities, technical schools, mechanical schools and night schools, but only while the dependent child is enrolled for the number of hours or classes that is considered <b>full-time</b> attendance at a similar day school. The term educational institution does not include on the job training courses, correspondence courses and other related schools.</li> </ul>	<p><b>One of the following documents:</b></p> <ul style="list-style-type: none"> <li>• A completed Affidavit from Rutherford County affirming your child is unmarried and a full time student.</li> <li>• If dependent is still in High School, a record of attendance or enrollment is acceptable</li> </ul> <p><b>NOTE:</b> This verification is required at the time a dependent child reaches age 19 and again at the beginning of each plan year.</p>

**Send Eligibility Documentation to:**

Rutherford County Risk Management  
 303 N. Church Street, Suite 201  
 Murfreesboro, TN 37130  
 or  
 Fax: 615-867-4602  
 or  
 Email: Contact 615-898-7715 for administrator email address

\*To receive a confirmation, include an email address with submission.

Never send original documents. Please mark out or black out any social security number or any personal financial information on the copies of your documents **BEFORE** sending.

**Individuals Not Eligible for Coverage as a Dependent**

- Ex-spouse (even if court ordered)
- Live-in companions who are not legally married to the employee
- Parents of the employee or spouse
- Children over age 26 (unless they meet qualifications for incapacitation/disability)
- Foster children
- Grandchildren of the employee or spouse (unless legal guardianship obtained)