



# DEPENDENT ELIGIBILITY

## Definitions & Required Documents

Revised September 2019

TYPE OF ELIGIBLE DEPENDENT	DEFINITION of DEPENDENT	REQUIRED DOCUMENT(S) FOR ELIGIBLE VERIFICATION
<p style="text-align: center;"><b>Spouse</b></p> <p><b>Individuals NOT eligible:</b></p> <ul style="list-style-type: none"> <li>• Ex-Spouse</li> <li>• Live-in companions who are not legally married to the employee</li> </ul>	<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 <u>only</u> eligible for medical coverage if he or she is not offered ACA eligible group medical coverage through their employer or if they are unemployed, retired or self-employed.</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></p> <ul style="list-style-type: none"> <li>• A Marriage Certificate</li> <li>• <b>AND</b> copy of the Spouses Social Security Card</li> <li>• <b>AND</b> Spousal Healthcare Eligibility Affidavit</li> </ul> <p><b>If married longer than a year:</b></p> <ul style="list-style-type: none"> <li>• <u>A copy of Federal Tax Return</u>: first page of most recent filed 1040, showing “married filing jointly”.</li> <li>• <b>AND</b> copy of the Spouses Social Security Card</li> <li>• <b>AND</b> Spousal Healthcare Eligibility Affidavit Form</li> </ul> <p style="text-align: center;">***** <b>OR</b> *****</p> <p><b>Marriage Certificate, Social Security Card, &amp; Proof of Joint Ownership:</b> Must have both name on the following (Issued within the last six months):</p> <ul style="list-style-type: none"> <li>• Bank Statement</li> <li>• Mortgage/ Lease statement</li> <li>• Credit Card Statement</li> <li>• Property Tax Statement- issued with in the last 12 months</li> <li>• <b>AND</b> Spousal Healthcare Eligibility Affidavit</li> </ul>
<p style="text-align: center;"><b>Child</b></p> <p>*Under the age of 26</p> <p><b>Individuals NOT eligible:</b></p> <ul style="list-style-type: none"> <li>• Children over 26 who do not meet qualifications for incapacitation/ disability</li> <li>• Foster Children</li> <li>• Grandchildren of the Employee or spouse (unless legal guardianship is obtained)</li> </ul>	<ul style="list-style-type: none"> <li>• Biological Child – Natural child</li> <li>• Legally Adopted Child- The creation of the parent-child relationship between individuals who are not naturally related</li> <li>• Guardianship- Person (other than the child's parent) who has legal custody and control over the child</li> <li>• Stepchild- A Child of a legally married spouse</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Biological Child-</b> Birth Certificate <b>AND</b> a copy of the Dependents Social Security Card</li> <li>• <b>Legally Adopted-</b> Official Adoption Court Documentation <b>AND</b> a copy of the Social Security Card</li> <li>• <b>Guardianship-</b> Legal Documentation <b>AND</b> a copy of the Dependents Social Security Card</li> <li>• <b>Stepchild-</b> Marriage Certificate (showing relationship between child and spouse), copy of the Dependents Social Security Card, <b>AND</b> Birth Certificate</li> </ul> <p style="text-align: center;">***** <b>OR</b> *****</p> <ul style="list-style-type: none"> <li>• Federal Tax Return (<b>IF</b> child is claimed as a Legal Dependent) <b>AND</b> a copy of the Dependents Social Security Card</li> </ul>
<p style="text-align: center;"><b>Child</b></p> <p>(Qualified Medical Child Support Order) *All under 26</p>	<p>A requirement to provide coverage for child(ren) when participant has dependent(s)</p>	<ul style="list-style-type: none"> <li>• Court Documentation signed by a judge</li> <li>• Medical Support order issued by state agency</li> </ul>
<p style="text-align: center;"><b>Child Disabled</b></p> <p>*Must begin before age of 26 while covered until plan</p>	<p>A Dependent child of any age (who fell in the above category prior to disability) is deemed disabled due to a mental or physical disability that considers them unable to earn a living</p>	<ul style="list-style-type: none"> <li>• Proof of disability in the form of a Doctor letter. Must be submitted <b>within 30</b> days of child's coverage terminating due to age.</li> <li>• Periodic proof that the dependent continues to be incapable of self support is also required</li> </ul>

\* Dental and Vision benefits require separate verification for dependent children ages 19-25.

**PLEASE SEE REVERSE SIDE FOR FURTHER DENTAL & VISION REQUIREMENTS**

<b>TYPE OF ELIGIBLE 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>
<p style="text-align: center;"><b>Child</b> (Who meets the qualifications previously listed)</p>	<ul style="list-style-type: none"> <li>• An <b>unmarried</b> dependent child under the age of 25</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• A full-time student at an educational institution including Colleges, Universities, Technical Schools, Mechanical Schools and Night Schools.</li> <li>• The term educational institution <b><u>DOES NOT</u></b> include on the job training courses, correspondence courses and other related schools.</li> </ul>	<ul style="list-style-type: none"> <li>• A completed Affidavit from Rutherford County affirming your child is unmarried <b>and</b> a full-time student.</li> </ul> <p><b>NOTE: This verification is required at the time a dependent child reaches age 19 and again at the beginning of each plan year.</b></p> <p><b>*** A qualifying event requires proof of a change in status. A student schedule is required with the following:</b></p> <ul style="list-style-type: none"> <li>○ <b>School name</b></li> <li>○ <b>Student name</b></li> <li>○ <b>Credit amount</b></li> <li>○ <b>Enrollment date</b></li> </ul>
<p><b>3 Options to Send Eligibility Documentation:</b></p> <ul style="list-style-type: none"> <li>○ Upload Dependent Eligibility Documents to a Secure site <ul style="list-style-type: none"> <li>○ <a href="https://secure.rutherfordcountyttn.gov/rmuploads/default">https://secure.rutherfordcountyttn.gov/rmuploads/default</a></li> <li>○ Please Contact Insurance and Risk Management for password &amp; Company name, you will be given access at that time.</li> </ul> </li> <li>○ Hand Deliver or Mail Copies <ul style="list-style-type: none"> <li>○ Rutherford County Insurance and Risk Management 303 N. Church Street, Ste 100 Murfreesboro, TN 37130 <b>Hours of Operation</b> Monday – Friday 8:00 AM- 4:30 PM</li> </ul> </li> </ul> <p><b>NEVER</b> send original documents via mail</p> <ul style="list-style-type: none"> <li>○ Fax: 615- 867- 4602 <ul style="list-style-type: none"> <li>○ To receive an e-mail receipt, include an email address with submission</li> </ul> </li> </ul>		