



DEPENDENT ELIGIBILITY

Definitions & Required Documents

Effective August 2021

TYPE OF ELIGIBLE DEPENDENT	DEFINITION OF DEPENDENT	REQUIRED DOCUMENT(S) FOR ELIGIBLE VERIFICATION			
<p style="text-align: center;">Spouse</p> <p>A current legal spouse as defined by Tennessee state law.</p> <p>Individuals NOT eligible:</p> <ul style="list-style-type: none"> Ex-spouse Live-in companions who are not legally married to the employee 	<p>Your legal spouse includes:</p> <ul style="list-style-type: none"> For MEDICAL coverage: your spouse is <u>only</u> eligible for medical coverage if he or she is not offered group medical coverage through their employer that meets the guidelines under the Affordable Care Act, or if they are unemployed, retired or self-employed. For DENTAL and VISION coverage: your spouse is eligible regardless of coverage availability through an employer. 	<ul style="list-style-type: none"> Spousal Healthcare Eligibility Affidavit (<i>Required <u>Annually</u> for Medical coverage</i>) Obtain a blank copy of the form at: http://rm.rutherfordcountyttn.gov/benefits.htm A copy of your spouse's Social Security Card <p style="text-align: center;">AND one of the following documents</p> <ul style="list-style-type: none"> Federal Tax Return – A copy of the first page of your most current, joint Federal Tax Return. Marriage Certificate – If married more than one year, please provide a current additional supporting document from the list below: <ul style="list-style-type: none"> Joint Bank Statement Joint Mortgage/Lease Statement Joint Credit Card Statement Joint Property Tax Statement 			
<p style="text-align: center;">Child</p> <p>Under the age of 26</p> <p>Individuals NOT eligible:</p> <ul style="list-style-type: none"> Children over 26 who do not meet qualifications for incapacitation/disability Foster children Grandchildren of the employee or spouse (unless legal guardianship is obtained) 	<ul style="list-style-type: none"> Biological Child Stepchild- A child of a legally married spouse Legally Adopted Child- The creation of the parent-child relationship between individuals who are not naturally related Guardianship- Person (other than the child's parent) who has legal custody and control over the child Qualified Child Support Order- requirement to provide coverage for child(ren) when participant has dependent(s) 	<ul style="list-style-type: none"> A copy of the child's Social Security Card 			
		<p style="text-align: center;">Biological Child(ren)</p>	<p style="text-align: center;">Step Child(ren)</p>	<p style="text-align: center;">Legally Adopted, or Guardianship</p>	
		<p style="text-align: center;">Birth Certificate OR Federal Tax Return (A copy of the first page claiming child as a dependent)</p>	<p style="text-align: center;">Marriage Certificate AND Birth Certificate OR Federal Tax Return (A copy of the first page claiming child as a dependent)</p>	<p style="text-align: center;">Court Documents, Official Adoption papers, or Legal Guardianship orders</p>	
<p style="text-align: center;">Child Disabled</p> <p>Disability must begin before age of 26 while covered under the plan or a previous plan as a dependent</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"> Proof of disability from a physician. Must be submitted within 30 days of child attaining age 26 Periodic proof that the dependent continues to be incapable of self support may be required 			
<p>Options to send Eligibility Documentation:</p> <ol style="list-style-type: none"> Email via secure email: benefits@rutherfordcountyttn.gov Hand deliver or mail copies - NEVER send original documents via mail Fax via secure fax: 615-713-3451 (To receive an e-mail receipt, include an email address with submission) 		<p style="text-align: center;">Rutherford County Insurance and Risk Management 303 N. Church Street, Ste. 100 Murfreesboro, TN 37130</p> <p style="text-align: center;">Hours of Operation Monday – Friday 8:00 AM - 4:30 PM</p>			

PLEASE SEE REVERSE SIDE FOR FURTHER DENTAL & VISION REQUIREMENTS

TYPE OF ELIGIBLE DEPENDENT	ELIGIBILITY REQUIREMENTS for DENTAL and/or VISION BENEFITS (ages 19 – 25 years of age)	REQUIRED DOCUMENT(S) FOR ELIGIBLE VERIFICATION
<p style="text-align: center;">Child Under the age of 26</p> <p style="text-align: center;">(Who meets the qualifications previously listed)</p>	<ul style="list-style-type: none"> • An unmarried dependent child under the age of 26 <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • A full-time student at an educational institution including Colleges, Universities, Technical Schools, Mechanical Schools and Night Schools. <p>The term educational institution DOES NOT include on the job training courses, correspondence courses and other related schools.</p>	<ul style="list-style-type: none"> • A completed affidavit available from Rutherford County Insurance and Risk Management affirming your child is unmarried and a full-time student. <p>NOTE: This verification is required at the time a dependent child reaches age 19 and again at the beginning of each plan year.</p> <p>Proof of a change in student status is required to add dental and/or vision benefits outside of an Open Enrollment period. Notification and proof of the qualifying event must be provided within 30 calendar days of the change in student status to full-time.</p> <p>Proof of change in eligibility should include:</p> <ul style="list-style-type: none"> ▪ School name ▪ Student name ▪ Credit amount/hours ▪ Enrollment date