

Eligibility for Coverage

Who is eligible

You are eligible for coverage if you are a **part-or full-time, salaried, classified employee**; or a **regular, full-time or part-time salaried faculty**. Your eligible dependents also may be covered. **Retirees, long-term disability participants and survivors** may also be eligible for coverage. Contact your agency's Benefits Administrator for assistance.

You may choose your **type of membership** as follows:

- Employee/retiree single** – to cover yourself only
- Employee/retiree plus one** – to cover yourself and one eligible dependent
- Family** – to cover yourself and two or more eligible dependents

Members who cover ineligible persons may be removed from the program for a period of up to three years. In addition, the member will be responsible for claims paid in error and will be unable to reduce health benefits membership except within 60 days of the dependent's loss of eligibility or during annual Open Enrollment.

Dependent Eligibility Definitions and Required Documentation

Dependents	Eligibility Definition	Documentation Required Before Request is Approved
Spouse	<p>The marriage must be recognized as legal in the Commonwealth of Virginia.</p> <p>Note: Ex-spouses will not be eligible, even with a court order.</p>	<ul style="list-style-type: none"> ➤ Photocopy of marriage certificate, and ➤ Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse." NOTE: All financial information and Social Security Numbers should be redacted.
Natural or Adopted Son/Daughter	<p>A son or daughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if the child:</p> <ul style="list-style-type: none"> ✓ lives at home or is away at school ✓ is not married, and ✓ receives more than one-half of his or her support from the employee. <p>In cases where the natural (or adoptive) parents are living apart, the child may live with the other parent but must receive more than one-half of his or her support from either parent or a combination from both parents.</p>	<ul style="list-style-type: none"> ➤ Photocopy of birth certificate showing employee's name or ➤ In the case of adoption, photocopy of a legal pre-adoptive or adoptive agreement.

Dependents	Eligibility Definition	Documentation Required Before Request is Approved
Stepson or Stepdaughter	Unmarried stepson or stepdaughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if: <ul style="list-style-type: none"> ✓ they are living with the employee in a parent-child relationship; ✓ the principal place of residence is with the employee; ✓ they are a member of the employee's household; and ✓ they receive over one-half of their support from the employee. 	<ul style="list-style-type: none"> ➤ Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; and ➤ Photocopy of marriage certificate showing the employee and parent's name and ➤ Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the parent's name listed as "Spouse." NOTE: All financial information and Social Security Numbers should be redacted.
Other Female or Male Child	An unmarried, minor child in which a court has ordered the employee to assume sole permanent custody may be covered until the end of the year in which he or she turns age 23*. If joint custody, it must be with the employee and the employee's legal spouse. <ul style="list-style-type: none"> ✓ The principal place of residence is with the employee; ✓ they are a member of the employee's household; and ✓ they receive over one-half of their support from the employee. 	<ul style="list-style-type: none"> ➤ Photocopy of birth certificate and ➤ Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.
Other Female or Male Child - Exception	If the employee (or employee's spouse) shares custody with a minor child who is the parent of an "other female or male child", then that "other child" may also be covered if <ul style="list-style-type: none"> ✓ the other child, ✓ the minor child** (who is the parent), and ✓ the employee's spouse (if applicable) all live in the same household as the employee. **The minor child must meet all of the eligibility requirements for a dependent child.	<ul style="list-style-type: none"> ➤ Photocopy of the other child's birth certificate showing the name of the minor child** as the parent of the other child and ➤ Photocopy of the Final Court Order with presiding judge's signature.
* When approved as an adult dependent who is incapacitated due to a physical or mental health condition, the child may be covered beyond the age of 23.		

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STATE HEALTH BENEFITS PROGRAM

Proof of Dependent Eligibility

Instructions:

- 1) Carefully review the Eligibility Definitions sheet provided to you with this form.
- 2) Add the names of each dependent you wish to add to your health care coverage in the chart provided on the State Health Benefits Program Enrollment Form.
- 3) Provide the documentation required based on the type of dependent listed on the Eligibility Definitions sheet.
- 4) Sign and date this form. Include your daytime phone number.
- 5) Return your signed form to your agency Benefits Administrator.

I certify that:

- I have read the information provided to me and understand what is required for each type of dependent who can be covered on my health plan.
- All information I have submitted is true and correct as of the date I signed this form.
- I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law.
- I authorize the State Health Benefits Program to verify this information.

Employee Name (Please Print)

Daytime Phone Number

Employee Signature

Date

