

## <u>To enroll a dependent on your health plan, Benefit Services requires dependent verification.</u> \*Please black out all financial information and Social Security numbers on documentation provided.

Dependents	Eligibility Definition	Documentation Required
Spouse	A person to whom you are legally married.	<ul> <li>A copy of the top half of the front page of the employee's most recently filed federal tax return that includes employee's spouse,</li> <li>OR</li> <li>Photocopy of marriage certificate</li> </ul>
Child	Your child that is under 26 years of age including:  > Your biological children;  > Your stepchildren;  > The children of your Designated Eligible Dependent that reside in your household;  > Your legally adopted children;  > Your foster children, including any children placed with you for adoption;  > Any children for whom you are responsible under court order;  > Your grandchildren in your court-ordered custody; and  > Any other child who lives with you in a parent-child relationship, or whose parent is your child and is covered as a dependent under the plan.	<ul> <li>For Natural Child(ren) – Photocopy of birth certificate showing employee's name, OR</li> <li>Photocopy of the employee's most recently filed federal tax return showing the dependent listed.</li> <li>For Stepchild(ren) – Photocopy of birth certificate showing employee's spouse/DEI's name; and a copy of marriage certificate showing the employee and parent's name, OR</li> <li>Photocopy of the employee's most recently filed federal tax return showing the dependent listed.</li> <li>For Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren) –Final Court Order with presiding judge's signature and seal, Adoption Final Decree with presiding judge's signature and seal, or a Qualified Medical Child Support Order, OR</li> <li>Photocopy of the employee's most recently filed federal tax return showing the dependent listed.</li> </ul>
Dependent Child with Disability	Any dependent child that otherwise meets the criteria of "child" and is disabled if:  He or she is not able to earn his or her own living because of a disability which started prior to the date he or she reaches the maximum age for dependent children under your plan; and  He or she depends chiefly on you for support and maintenance.	<ul> <li>Documentation as noted above for "Child" dependent type         AND     </li> <li>A copy of the top half of the front page of the employee's most recently filed federal tax return that includes this child.</li> <li>Please note that this audit is only verifying the child's eligibility as a dependent. Your health carrier determines the disability status of the child.</li> </ul>
Designated Eligible Individual (DEI)	A Michigan Tech employee who does not already enroll a spouse for the health plans may enroll one individual for health coverage but only if ALL of the following eligible criteria are met:  The employee is eligible for Michigan Tech's health plan options.  The DEI, at the time of proposed enrollment, resides in the same residence as the employee and has done so for the previous 18 continuous months, other than as a tenant.  The DEI is not a "dependent" of the employee as defined by the IRS.  Please noted that the following individuals do not meet the eligibility criteria for a DEI:  Spouse,  Children and their descendents (children, grandchildren),  Parents and Parent's descendents (siblings, nieces, nephews),  Grandparents and their descendents (aunts, uncles, cousins),  Renters, boarders, tenants.	<ul> <li>A copy of the Michigan Tech DEI form         AND     </li> <li>Proof of Joint Residence showing that the Michigan Tech employee and DEI share the same residence such as:</li> <li>The drivers licenses of the employee and DEI showing the same address.</li> <li>The most recently filed individual federal tax returns for the employee and DEI showing the same address.</li> <li>A copy of a joint lease or mortgage showing the employee and DEI name.</li> </ul>