



2022-2023 Annual Dependent Eligibility Verification

The Finger Lakes Area School Health Plan Board of Directors requires that all covered dependents on your medical plan and dental plan (if enrolled) are eligible dependents based on the enrollment requirements of Excellus Blue Cross Blue Shield.

In order to ensure the integrity of the data maintained with regard to eligibility, please certify below that the dependents covered under your medical and dental insurance plan are eligible dependents based on the criteria listed below.

Employees must notify the District's HR office immediately upon the occurrence of an event that affects a dependent's eligibility, i.e., divorce, death, child turning age 26, adult child ceasing to qualify as a disabled dependent, etc.

Please list all of the dependents (spouse and children), and their date of birth, currently covered by your medical and/or dental plan:

Dependent Name (First/Last)	Spouse/Child	Date of Birth mm/day/year
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

I, _____, (*print*) certify that the dependents on my medical and dental insurance policy are eligible dependents. I will advise the District immediately upon the occurrence of an event that affects my dependents' eligibility, within 30 days of such an event, so that the ineligible dependent will be terminated from my policy. I understand that if I fail to notify the District in a timely manner when such an event occurs, the plan and/or the District may take any appropriate action against me permitted by law. I understand that if I fail to notify the District within 60 days when such an event occurs, my dependent will also lose eligibility for COBRA continuation coverage.

Signature _____ **Date** _____

Definition of Eligible Dependents

Eligible Spouse

Your legal spouse or civil union partner as evidenced by a marriage or civil union certificate; if you married under a recognized common law arrangement in a state that has recognized this relationship.

Eligible Domestic Partner (if applicable)

Your qualifying same or opposite sex domestic partner as established by plan guidelines. An eligible domestic partner must be at least 18 years old, not related to the employee by blood or a degree of closeness that would prohibit marriage in the law of the state in which the couple resides, and not married to or in a domestic partnership with any other person; is capable of consenting to a domestic partnership; and shares a common residence and financial responsibility with the employee.

Eligible Children / Disabled Dependents

Your child younger than age 26

Coverage may be extended beyond age 26 to a child of any age who is incapable of self-sustaining employment because of mental illness and/or physical, mental or developmental disability.

A child is defined as your natural child; stepchild; adopted child or child placed with you for adoption; child for whom you are the court appointed legal guardian; or child for whom you are required to provide health insurance and/or support by means of a legal order.

Eligibility for dependent child coverage is based only in terms of the relationship between a child and participant, and coverage may not be denied or restricted based on factors such as: financial dependency, residency, student status, employment status, and eligibility of other coverage or marital status.

An employee's grandchild for whom the employee has legally adopted or accepted legal guardianship of or for whom the employee is legally required to provide health insurance is also an eligible dependent.

Healthcare reform does not require that the spouse of a child be covered, nor does it require that the dependent child of a child (grandchild) be covered.

Definition of Eligible Dependents - Dental Plans

Eligibility definitions for eligible spouse, domestic partner and children from age 0-26 are the same as medical plans above.