



2019-2020 Annual Dependent Eligibility Verification

The Finger Lakes Area School Health Plan Board of Directors requires that all covered dependents on your medical plan 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 insurance plan are eligible dependents based on the criteria listed below.

Employees must notify the district's business 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 (spouses 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 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. Although New York does not recognize the formation of a common law marriage within its borders, it will recognize a common law marriage that was formed in another state (e.g., if the couple later relocates to New York after becoming married elsewhere). If you became married under a recognized common law arrangement in a state that permits the formation of common law marriage, you may complete an Affidavit of Common Law Marriage in lieu of a marriage certificate.

Eligible Domestic Partner (if applicable)

Your qualifying same or opposite sex domestic partner as established by plan guidelines. An eligible domestic partner is someone who has been living with you on a continuous basis prior to the date of application; is at least 18 years old; is not related to you by blood or a degree of closeness that would prohibit marriage in the state of NY; is not married to any other person; has not been in a registered domestic partnership with any other person for at least the last six months; is legally capable of consenting to a domestic partnership; and is financially dependent on or interdependent with you.

Eligible Children / Disabled Dependents

An eligible child is defined as a child under age 26 who is your natural child; stepchild; adopted child or child placed with you for adoption; or child for whom you are the court appointed legal guardian. Eligibility for such children is defined only in terms of the relationship between a child and employee, and coverage may not be denied or restricted based on factors such as: financial dependency, residency, student status, employment status, eligibility of other coverage or marital status. Your domestic partner's child under age 26 is also eligible.

Coverage may also be provided to a child for whom you are required to provide health insurance and/or support by means of a Qualified Medical Child Support Order (QMCSO). As a general rule, however, the child still must bear the relationship to you described in the paragraph above in order for the QMCSO to be valid.

Coverage may be extended beyond age 26 to your child of any age who is unmarried, incapable of self-sustaining employment because of mental illness, developmental disability, mental retardation (as that term is defined in the New York Mental Hygiene Law), or physical disability and who became so incapable prior to attaining age 26, and who is chiefly dependent upon you for support and maintenance.

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 an employee's child (grandchild) be covered. However, where an employee's child is covered on the plan as a COBRA qualified beneficiary, the dependent child may enroll his or her spouse or child (i.e., the employee's grandchild) during a special or annual enrollment period.