## Dependent Eligibility Definitions and Required Documents (rev 7/20/10)

<table>
<thead>
<tr>
<th>TYPE OF DEPENDENT</th>
<th>DEFINITION</th>
<th>REQUIRED DOCUMENT(S) FOR VERIFICATION</th>
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</table>
| Spouse            | A person to whom the participant is legally married | Page 1 and signed and dated signature page of participant’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse name and marked either married filing jointly or married filing separately; or Marriage certificate and one of the following:  
- Proof that participant and spouse own a home or other real estate together  
- Proof that participant and spouse are both listed on a lease or share the rent of a home or other property  
- A utility bill with both names  
- Proof of a jointly-owned bank or financial account  
- Proof of a joint loan or debt obligation  
**If just married in the current calendar year, a marriage certificate only is acceptable proof of eligibility** |
| Natural (biological) child under age 24 | A natural (biological) child | The child’s birth certificate; or Certificate of Report of Birth (DS-1350); or Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); or Certification of Birth Abroad (FS-545) |
| Adopted child under age 24 | A child the participant has adopted or is in the process of legally adopting | Court documents signed by a judge showing that the participant has adopted the child; or International adoption papers from country of adoption; or Papers from the adoption agency showing intent to adopt |
| Child for whom the participant is legal guardian | A child for whom the participant is the legal guardian | Any legal document that establishes guardianship |
| Stepchild under age 24 | A stepchild | Verification of marriage between employee and spouse and birth certificate of the child showing the relationship to the spouse, or Any legal document that establishes relationship between the stepchild and the spouse or the member |
| Child for whom the plan has received a qualified medical child support order | An child who is named as an alternate recipient with respect to the participant under a Qualified Medical Child Support Order (QMCSO) | Court documents signed by a judge; or Medical support orders issued by a state agency |
| Disabled dependent | A dependent of any age (who falls under one of the categories previously listed) and due to a mental or physical disability, is unable to earn a living. The dependent’s disability must have begun before age 24 and while covered under a state-sponsored plan. | Documentation will be provided by the insurance carrier at the time incapacitation is determined |

**Never send original documents. Please mark out or black out any social security numbers and any personal financial information on the copies of your documents BEFORE you return them.**
Effective July 1, 2009
Frequently Asked Questions
Policy for Submitting Eligibility Documentation for Dependents

Has the policy changed for when a new hire must apply for coverage?
No, there has been no change in the timeframe for a newly hired employee to submit their application for enrollment in health coverage.

- State Plan: Employees have from the first day of employment through the last day of the first full calendar month worked to submit an enrollment application.
- Local Education Plan: Employees have 31 days from the date of employment to submit an enrollment application.
- Local Government Plan: Employees have from the first day of employment through the last day of the first full calendar month worked to submit an enrollment application. If the agency has a probationary period, the employee has from the first day of employment through the last day of the month the probationary period ends.

Does a new hire have to submit proof of a dependent's eligibility at the time of application?
Yes, those who elect family coverage must submit proof of eligibility for all dependents they wish to enroll in health coverage along with the enrollment application. No dependents will be enrolled in coverage without proof of eligibility.

What if a new hire has difficulty in obtaining documentation to prove eligibility (such as someone who was married in a foreign country)?
For those situations where documentation cannot be easily obtained, we will allow individuals to submit a “request for extension form” (available on the Benefits Administration web site at www.tn.gov/finance/ins) along with the enrollment application. If approved, a reasonable timeframe will be allowed based on the individual situation; however, the dependent will not be enrolled in health coverage until proof of eligibility is provided. The new employee will be enrolled in coverage. Any additional dependents will also be enrolled as long as proof of eligibility is provided. If there are no other dependents, the employee will be enrolled in single coverage until proof of eligibility is provided. Once the dependent has been approved, coverage will be retroactive to the correct effective date and the employee will be responsible for payment of back premiums for the difference between single and family coverage.

What about existing plan members who wish to add a newly acquired dependent?
Under our current policy, an individual has 60 days from the date a new dependent is acquired to submit an enrollment application. Therefore, we will allow 60 days from the acquire date for documentation to be provided. However, the dependent will not be enrolled in coverage until proof of eligibility is provided. Once the dependent has been approved, coverage will be retroactive to the correct effective date and the employee will be responsible for payment of back premiums for the difference between single and family coverage, if applicable.

What about newborns?
For newborns, we will make an enrollment exception and allow the child to be enrolled in health coverage upon submission of the enrollment application while the employee is attempting to obtain the birth certificate. However, documentation must be submitted within 60 days of the date of birth or coverage will be terminated and any claims paid will be recouped from the member.

What about someone who is newly married? They will not have a tax form or proof of joint ownership.
For individuals who are newly married, we will accept just a marriage certificate to prove eligibility.