

DEPENDENT ENROLLMENT PROCEDURES

This form and appropriate documentation **MUST BE SUBMITTED DURING THE ELIGIBILITY PERIOD** before coverage will be effective. If all documents are not provided within the eligibility period (**31 days**), your dependent(s) will not be covered this plan year. You will need to wait until the next open enrollment to add your dependent(s).

Dependent children are eligible until the end of the month they turn age 26, regardless of marriage or student status. A dependent child's spouse or child is NOT eligible for coverage.

In order to enroll any dependent for coverage under your district's insurance plans, you must provide documents showing that they qualify for dependent status. The following outlines who qualifies as a dependent and what documents are required:

Please present the following documents to the District Treasurer's Office:

Spouse: *Your legally married (including same sex) spouse, not legally separated or divorced*

- Copy of marriage certificate that has been filed with court **AND**
- First page of your most recent Federal tax form (1040) showing that you are still married. Please black out Social Security numbers and financial information to protect your financial privacy.

Children: *You or your spouse's natural or adopted child and/or a child for whom you are the legal guardian. EPC coverage terminates the end of the month they turn age 26.*

- Birth certificate issued by county naming you / your spouse as the parent (we will not be able to use the certificate issued by the hospital)

Or

- Adoption papers naming you / your spouse as adoptee parents

Or

- Appropriate court documents naming the employee/spouse as the child's legal guardian

Clearly, Copied photocopies will be acceptable.

If you have any questions please contact Tina Sanning at tina.sanning@celinaschools.org or 419-586-8300.

Tina Sanning
Asst. Treasurer – Payroll/Benefits

Part I – Dependent Enrollment Affidavit

Please present the following documents to the District Treasurer’s Office:

Spouse: *Your legally married (including same sex) spouse, not legally separated or divorced*

- Copy of marriage certificate that has been filed with court **AND**
- First page of your most recent Federal tax form (1040) showing that you are still married. Please black out Social Security numbers and financial information to protect your financial privacy.

For Each Child: *you or your spouse’s natural or adopted child and/or a child for whom you are the legal guardian. EPC coverage terminates the end of the month they turn age 26.*

- Birth certificate issued by county naming you / your spouse as the parent (we will not be able to use the certificate issued by the hospital)
- Or**
- Adoption papers naming you / your spouse as adoptee parents
- Or**
- Appropriate court documents naming the employee/spouse as the child’s legal guardian

By my signature on this form, I certify and warrant to my employer that all information submitted is true, correct and current as of the date signed and any attempt to enroll for/or maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action. I have provided the documentation for each eligible dependent as required. I understand I will be responsible for any claim payments made for ineligible dependents.

Signature of Employee: _____ **Date:** _____

Printed Name: _____

Part II – Completion by District Treasurer’s Office

Dependent Name	Spouse		Children		
	Marriage Certificate	Recent Tax Form	Birth Certificate	Adoption	Legal Guardianship

I have certified that all of the above has been reviewed and the dependents are eligible under the group benefit plan.

Signature of District Treasurer’s Office: _____

District: _____ **Date:** _____