

Eligibility Definitions and Required Documentation

Dependents	Eligibility Definition	Documentation Required
Spouse	A member of the opposite sex to whom you are legally married.	<ul style="list-style-type: none"> ➤ Photocopy of marriage certificate, AND ➤ A copy of the front page of the subscriber's 2008 federal tax return that includes this spouse (you may black out all financial information).
Domestic Partner/ Same Sex Marriage	<p>A Same Sex Spouse is a spouse of the same sex as the employee who was legally married to the employee in the state of California between June 14, 2008 and November 4, 2008.</p> <p>A Domestic Partner must be a person of the same sex or opposite sex if one or both persons are over the age of sixty-two (62) and meet the eligibility criteria under Title II of Social Security Act as defined in 42 U.S.C. section 402 (a) for old age insurance benefits of Title XVI of the Social Security Act as defined in 42 U.S.C. section 1381 for aged individuals. Domestic Partner must be at least 18 years of age.</p> <p>You are not eligible to enroll as a Domestic Partner if either you or the subscriber</p> <ol style="list-style-type: none"> 1. has previously filed a Declaration of Domestic Partnership with the Secretary of State pursuant to Division 2.5 of the Family code that has not been terminated under Section 299 of the Family Code; or 2. is currently legally married to another person; or have any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex. 	<ul style="list-style-type: none"> ➤ For same sex marriage – photocopy of marriage certificate/ For domestic partnership – proof that subscriber is registered as a Domestic Partner as California requires [Declaration of Domestic Partnership filed with Secretary of State (or similar registry from other state)] or a notarized affidavit, signed jointly with subscriber, stating domestic partnership relationship, shared permanent residency, and that subscriber and Domestic Partner are not blood relatives, <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ➤ EITHER (1) or (2) from the options below: <ol style="list-style-type: none"> 1. Proof of financial interdependence by providing <u>two (2)</u> of the following: Common ownership of real property or a common leasehold interest, common ownership of motor vehicle, Joint Bank or Credit Account, Designated as beneficiary for Life Insurance or Retirement Benefits or under subscriber's Last Will and Testament, Power of Attorney, etc. OR 2. Copy of the top half of the State Tax Return that includes this person (you may black-out all financial information).
Child(ren)	Unmarried children under age 19 including step children, foster children, children placed for adoption, legally adopted children, and children of Domestic Partners, that are legally dependent upon subscriber for support and reside in service area, unless court ordered.	<ul style="list-style-type: none"> ➤ For Natural Child(ren) – Photocopy of child's birth certificate showing subscriber's name. ➤ For Step Child(ren) – Photocopy of child's birth certificate showing subscriber's spouse/Domestic Partner's name; and a copy of marriage certificate showing the subscriber and parent's name. For Domestic Partner child, include proof that subscriber is registered as a Domestic Partner as the state requires, showing the subscriber and parent's name. ➤ For Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren) – Photocopy of Affidavits of Dependency, Final Court Order with presiding judge's signature and seal or Adoption Final Decree with presiding judge's signature and seal.

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<p>Dependent Children with Disabilities</p>	<p>Unmarried, incapacitated children of any age who are dependent on the participant for support and were incapacitated prior to their 19th birthday. The child did not have to be covered by a County of Orange health plan at the point they became incapacitated if the event was prior to their 19th birthday.</p>	<p>➤ Documentation as noted for the “Child” dependent type: <u>if Natural Child(ren)</u> – Photocopy of child’s birth certificate showing subscriber’s name.; <u>if Step Child(ren)</u> – Photocopy of child’s birth certificate showing subscriber’s spouse/Domestic Partner’s name; and a copy of marriage certificate showing the subscriber and parent’s name. For Domestic Partner child, include proof that subscriber is registered as a Domestic Partner as the state requires, showing the subscriber and parent’s name; <u>or if Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren)</u> – Photocopy of Affidavits of Dependency, Final Court Order with presiding judge’s signature and seal or Adoption Final Decree with presiding judge’s signature and seal. AND</p> <p>➤ A copy of the front page of the subscriber’s 2008 federal tax return that includes this child (you may black out financial information), AND</p> <p>➤ If a Social Security disability award has been awarded, or is currently pending, please include this information in the documentation submitted.</p> <p>Please note that this audit is only verifying the child’s eligibility as a dependent. Your health plan determines the disability status of the child.</p>
<p>Student Child</p>	<p>Unmarried Children who are full-time students, under age 23 for health plan or under age 25 for dental plan, are fully registered in an accredited college or secondary school in or outside coverage area and must be dependent on you for financial support to continue to be covered. Full Time Student is considered a minimum of 12 Units.</p>	<p>➤ Documentation as noted for the “Child” dependent type: <u>if Natural Child(ren)</u> – Photocopy of child’s birth certificate showing subscriber’s name.; <u>if Step Child(ren)</u> – Photocopy of child’s birth certificate showing subscriber’s spouse/Domestic Partner’s name; and a copy of marriage certificate showing the subscriber and parent’s name. For Domestic Partner child, include proof that subscriber is registered as a Domestic Partner as the state requires, showing the subscriber and parent’s name; <u>or if Legal Guardian, Adoption, Grandchild(ren) or Foster Child(ren)</u> – Photocopy of Affidavits of Dependency, Final Court Order with presiding judge’s signature and seal or Adoption Final Decree with presiding judge’s signature and seal. AND</p> <p>➤ Documentation of full-time student status, such as any <u>one</u> of the following: transcript, roster, bill from school, copy of check payable to school for upcoming semester, any documentation from school indicating that student is enrolled or expected to be at school in upcoming semester, Certification Form for Full-time Student Status. Documentation should include School name and show total units being taken.</p>

Copies of the above documentation can typically be obtained via these Websites:

- www.vitalrec.com
- www.studentclearinghouse.org.