



DEPENDENT ELIGIBILITY

Definitions and Required Documents

**PARTNERS
FOR HEALTH**

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	You will need to provide a document proving marital relationship AND one document from the additional documents list below:
		Proof of Marital Relationship <ul style="list-style-type: none"> • Government-issued marriage certificate or license • Naturalization papers indicating marital status
		Additional Documents <ul style="list-style-type: none"> • Bank Statement issued within the last six months with both names; or • Mortgage Statement issued within the last six months with both names; or • Residential Lease Agreement within the current terms with both names; or • Credit Card Statement issued within the last six months with both names; or • Property Tax Statement issued within the last 12 months with both names; or • The first page of most recent Federal Tax Return filed showing “married filing jointly” or “married filing separately” with the name of the spouse provided thereon; submit page 1 of the return with the income figures blacked out
		If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility
Natural (biological) child under age 26	A natural (biological) child	The child’s birth certificate (will accept mother’s copy for newborn); 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 26	A child the participant has adopted or is in the process of legally adopting	Final court order granting adoption; or
		International adoption papers from country of adoption; or
		Court order placing child in custody of member for purpose of adoption
Child under age 26 placed for guardianship, custody or conservatorship with the head of contract* (placement order active or expired due to age of majority)	A child under age 26 for whom the head of contract is or has been the legal guardian, custodian or conservator	Valid order by a court of competent jurisdiction (placement order) establishing guardianship, custody or conservatorship arrangement between child and head of contract; and an attestation signed by the head of contract upon initial enrollment and upon request
Stepchild under age 26	A stepchild	Verification of marriage between employee and spouse (as outlined above) and birth certificate of the child showing the relationship to the spouse, or documents determined by BA to be the legal equivalent
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 26 and while covered under a state-sponsored plan.	<p>Certificate of Incapacitation for Dependent Child form must be submitted prior to the dependent’s 26th birthday.</p> <p>The insurance carrier will review the form, make a determination and provide BA with documentation once a determination has been made. If approved for incapacity, the child will continue the same coverage.</p>

*Head of contract is the person who elects coverage and has authority to change coverage elections.

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.

NAME	EDISON ID	OR	SSN
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Special Enrollment Qualifying Events

If you or a dependent lose coverage under any other group insurance plan, or if you acquire a new dependent during the plan year, the federal Health Insurance Portability and Accountability Act (HIPAA) may provide additional opportunities for you and eligible dependents to enroll in health coverage. If you are adding dependents to your **existing** coverage, you and eligible dependents may transfer to a different carrier or healthcare option, if eligible. You or eligible dependents may also be eligible to enroll in dental and vision coverage if you meet the requirements stated in the dental or vision certificates of coverage. Premiums are not prorated. If approved, you must pay premium for the entire month in which the effective date occurs.

INSTRUCTIONS: Identify the qualifying event(s) which applies to you or your eligible dependent(s). You must submit this page with the appropriate required documentation, proof of prior coverage and a completed enrollment application.

NOTE: Application for enrollment must be made within 60 days of the loss of eligibility for other health insurance coverage or within 30 days of a new dependent's acquire date. Voluntary actions resulting in loss of coverage (such as voluntary cancellation of coverage and cancellation for not paying premiums) ARE NOT qualifying events. Electing to cancel, waive or decline coverage during another plan's enrollment period IS NOT a qualifying event.

Retroactive coverage (a coverage effective date that begins before an enrollment is completed and submitted to BA) **is not allowed except for birth, adoption and placement for adoption.** For all other events, the earliest effective date allowed for coverage under this plan is the first day of the month following the date that your enrollment request, including all required documentation, is completed and submitted to BA. Enrollment should be completed and submitted to BA as soon as possible to ensure the earliest possible effective date. The examples provided below assume all eligibility requirements are satisfied and that required documentation is submitted with enrollment.

EXAMPLE 1

Marriage date is June 15 (30- day enrollment period applies):

- enrollment submitted to BA on June 25 = 7/1 effective date
- enrollment submitted to BA on July 10 = 8/1 effective date
- enrollment submitted on or after July 16 will exceed the 30-day enrollment period, and your request will be denied

EXAMPLE 2

Loss of other coverage date is June 30 (60-day enrollment period applies):

- enrollment submitted to BA on June 30 = 7/1 effective date
- enrollment submitted to BA on July 10 = 8/1 effective date
- enrollment submitted to BA on August 5 = 9/1 effective date
- enrollment submitted on or after August 30 will exceed the 60-day enrollment period, and your request will be denied

QUALIFYING EVENT	EFFECTIVE DATE	DOCUMENTATION REQUIRED
<input type="checkbox"/> An event causing the loss of eligibility for coverage from another group health insurance plan*	The effective date is the first day of the first calendar month after the date BA receives the request for special enrollment	Written documentation from an employer, former employer, insurance company, or former insurance company on company letterhead that lists (1) names of covered participants; (2) dates of coverage including your coverage at the time coverage in this plan was declined; (3) types of coverage (medical, dental, vision); (4) each participant that lost eligibility for coverage; (5) the date of loss of eligibility to continue coverage, and (6) the reason why eligibility for coverage was lost
<input type="checkbox"/> An event that results in acquisition of a new dependent spouse or stepchild acquired by marriage, or a child acquired pursuant to an order of guardianship**	The effective date is the first day of the first calendar month after the date BA receives the request for special enrollment	1. Marriage Certificate 2. Birth Certificate (will accept mother's copy for newborn) 3. Order of Guardianship requiring financial support and provision of insurance coverage, which sets out the date of the guardianship period
<input type="checkbox"/> An event that results in acquisition of a new dependent acquired by birth, adoption, or placement in legal custody for adoption**	The effective date is the date of birth, adoption, or placement for adoption	1. Birth Certificate (will accept mother's copy for newborn) 2. Final Order of Adoption or Order of Custody in anticipation of adoption

* When eligibility for coverage under other insurance is lost, only the Employee and any dependents who lose the other coverage may enroll.

** When a new dependent is acquired, an Employee may enroll in employee only or family coverage and may add the new dependent and previously eligible dependents (those who were not enrolled when initially eligible and are otherwise still eligible).

The employee and dependents may only enroll in the types of coverage lost (medical/medical; dental/dental; vision/vision).

INSTRUCTIONS

Please complete the entire form and do not leave anything blank. Leaving a section blank can cause a delay in processing your request.

To add or change health, dental or vision coverage during the annual enrollment period, follow these instructions for each section in Part 1:

TYPE OF ACTION — mark the box indicating that you want to add or change coverage

COVERAGE AFFECTED — mark all that apply

PARTICIPANTS AFFECTED — mark all that apply

REASON FOR THIS ACTION — indicate reason for action – if making changes during annual enrollment period mark "Other" and write in AEP

Please make sure the rest of the form is filled out completely and be sure to sign and date the form. If you are an active employee, return your completed form to your agency benefits coordinator.