



Definition of a Dependent

Listed below are the definitions of a dependent based upon the guidelines of Kent State University's benefit plans.

Spouse: Your legal spouse.

Domestic Partner: The employee's same-sex or opposite-sex registered domestic partner.

Child: A biological child, stepchild or adopted child of the employee or the employee's spouse or registered domestic partner who is under the age of 26. A dependent child for whom the employee, the employee's spouse or registered domestic partner has ****legal guardianship**** or legal custody.

Disabled Child: The maximum dependent age limits do not apply for a child who cannot hold a self-supporting job due to a permanent physical disability if:

- The child becomes disabled prior to age 19 and remains disabled while covered under the medical plan(s).
- The physical or mental impairment is a result of either a congenital or acquired illness or injury leading to the individual being incapable of independent living.

Kent State University Dependent Eligibility Rules and Documentation Requirements

| CATEGORY OF DEPENDENT | SUPPORTING DOCUMENTATION |
|--|--|
| Spouse as defined above | Marriage Certificate |
| Registered domestic partner | Affidavit of Domestic Partnership including supporting documentation. |
| Biological child, stepchild under the age of 26 | Birth Certificate listing parents |
| Children placed for adoption and legally adopted children. | Court order recognizing adoption, legal custody or and Birth Certificate |
| Children for whom either the employee or employee's spouse is the **Legal Guardian** or Custodian. | Court order recognizing guardianship and Birth Certificate |
| Any child who, by court order, must be provided health care coverage by the employee or the employee's spouse or the domestic partner. | Court order recognizing adoption, legal custody or and Birth Certificate |

****Legal Guardian**** - Upon reaching age of majority, age 18, legal guardianship ends and the child will no longer be eligible for university-sponsored health plans or tuition waiver benefits. **NOTE:** Employees awarded temporary guardianship must periodically provide verification of continued guardianship upon request of the Employee Benefits office.

Kent State University Benefit Plans Dependent Eligibility Verification Form



Instructions for Completion:

Please list all dependents that you would like to enroll in the benefit plan(s). **PRINT CLEARLY, in INK** in the spaces provided. Sign and return this form with **COPIES** of the supporting documentation to the **University Benefits Office – Located second floor of Heer Hall, Kent Campus.**

| Banner ID Number | Campus | Employee Last Name | Employee First Name | Employee Telephone | Employee Gender (circle one) | Employee Date of Birth |
|------------------|--------|--------------------|---------------------|--------------------|------------------------------|------------------------|
| | | | | () - | Male / Female | / / |

| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|
| | | | |

| Add To Coverage | Social Security Number | Last Name | First Name, MI | Date of Birth (xx-xx-xxxx) | Gender (M/F) |
|-------------------------|------------------------|-----------|----------------|----------------------------|--------------|
| Spouse/Domestic Partner | | | | | |
| Child-1 | | | | | |
| Child-2 | | | | | |
| Child-3 | | | | | |
| Child-4 | | | | | |
| Child-5 | | | | | |
| Child-6 | | | | | |

REMINDER: YOU MUST ATTACH COPIES OF SUPPORTING DOCUMENTATION TO COMPLETE THE PROCESS. FAILURE TO RETURN THE REQUIRED INFORMATION WITHIN THE 30-DAY DEADLINE MAY RESULT IN SUSPENSION OF BENEFITS UNTIL SUCH INFORMATION IS SUPPLIED.

I certify that the information provided is complete, correct, and up-to-date. I understand that any misrepresentation could result in disciplinary action up to and including termination of employment.

Signature _____

Date Signed _____

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