

Dependent Eligibility

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Who Is Eligible for Coverage**

Who is an eligible dependent? An eligible dependent is defined as:

SPOUSE: Your spouse is considered your eligible dependent for as long as you are lawfully married.

DOMESTIC PARTNER: Your Domestic Partner is eligible for coverage as long as he/she:

- is of the same or opposite sex
- shares your permanent residence
- has resided with you for no less than one year
- is no less than 18 years of age and is not related to you by blood in a manner that would bar marriage under applicable state laws
- is financially interdependent with you and has proven such interdependence by providing documentation of at least two of the following arrangements:
 - joint mortgage or lease for a residence
 - joint ownership of a motor vehicle
 - joint bank or investment account, joint credit card or other evidence of joint financial responsibility
 - a will and/or life insurance policies which designates the other as primary beneficiary, beneficiary for retirement benefits, assignment of durable power of attorney or health care proxy.

To add a Domestic Partner, an employee must register, under applicable state or municipal laws or provide a duly sworn Affidavit of Domestic Partnership confirming the eligibility above. In addition, the definition of domestic partner will be met as long as neither partner:

- Has signed a domestic partner affidavit or declaration with any other person within 12 months before designating each other as domestic partner
- Is not legally married to another person, or
- Does not have any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

NOTE: A Domestic Partner and the child(ren) of a Domestic Partner are eligible. They do not qualify for IRS Section 125. All employee-paid benefits will be on a post-tax basis. Domestic Partners or their child(ren) who do not meet the eligibility criteria, will have benefit(s) coverage terminated and any claims incurred will not be paid. All other selected employee-paid benefits will continue for the remainder of the plan year on a post-tax basis. The Domestic Partner must also be included in that coverage. Domestic Partners and/or their children do not qualify as eligible dependents for FSA Reimbursement.

CHILDREN: Children can include natural born children, stepchildren, adopted children and children for whom you have been appointed legal guardian. Children of your Domestic Partner are eligible for coverage only if the Domestic Partner is also included in the coverage.

- Your unmarried children are eligible from birth until the end of the year in which the child reaches age 26*, if the child is: (1) dependent on you for support; or (2) lives in your household; or (3) is enrolled full time or part time in an accredited school, college or university.

* See Page 24 for new provisions for adult dependents.

NEWBORN CHILDREN: A natural born child, adopted child, the child of your Domestic Partner, or a child for whom you have been appointed legal guardian who is born or becomes eligible while a policy is in effect will be covered from date of birth/event. However, coverage is not automatic. You must request a Change In Status Election form within 30 days of the event and add your newborn child(ren)'s information.

NOTE: Your newborn will be covered free of charge for the first 31 days. However, You must call and request a Change in Status (CIS) form within the 30 days for coverage to become active.

- If you request your dependent's coverage be terminated within the first 31 days, the termination is effective the day you request it, but no later than the 31st day, You will have to submit your cancellation in writing.
- If you do not submit your dependent's termination of coverage in writing, your dependent will remain actively enrolled and you will be billed from the 32nd day. You will pay the daily newborn rate till the day prior to the next available payroll, then you will pay the full prepay deduction.
- If you add your dependent after the 31st day but within 60 days from birth/event, your dependent will be effective retroactive to the day of birth and the you will be charged the full prepay deduction.

DISABLED CHILDREN: Coverage may be kept in force beyond the age limit for any child who becomes totally disabled while covered under any of the plans. Proof of disability (Social Security disability papers) must be provided to FBMC - 1501 NE 2nd Avenue, Suite 335, Miami, FL 33132.

GRANDCHILDREN: A newborn child of a covered dependent is eligible from birth until the end of the month in which the child reaches 18 months of age. However, if the parent becomes ineligible during the grandchild's 18 months eligibility period, coverage for both the parent and the child will terminate.

NOTE: Hospital Indemnity Plan Coverage offered by LINA does not cover grandchildren.

ADULT CHILD: A provision in the new PPACA allows for an employee's adult child to be covered under the employee's healthcare plan until they reach age 26. Coverage applies whether adult child is/is not married or is/is not a student. There is no requirement to cover children of dependent children. This provision went into effect on March 30, 2010. For the full definition of an eligible child, view the FSA FAQs at www.myFBMC.com. Under this new Florida law, a dependent adult child ages 25-30 may be considered an eligible dependent for the purpose of "health" insurance. Dependent eligibility must be submitted with your completed form prior to the dependent being added to your healthcare coverage. To continue your currently-enrolled adult child, you must re-enroll the adult child and resubmit documentation. To request an adult dependent enrollment package, call FBMC at 1-800-342-8017, M-F, 7 a.m. to 10 p.m.