IVY TECH COMMUNITY COLLEGE

DEPENDENT ELIGIBILITY VERIFICATION FORM

Ivy Tech utilizes a dependent eligibility verification process to ensure that all dependents added to the College's health, dental and vision plans are eligible dependents according to the plan rules. This process ensures compliance with our plan rules and safeguards plan assets from misuse.

Employees who add a dependent to their coverage must submit this completed form and all required supporting documentation within 31 days of employment or eligibility. Failure to provide the required documents within this timeframe may result in the dependent being removed from coverage.

Dependent Verification Eligibility Steps:

1. Review the plans' dependent eligibility language which describes when a dependent can be added to coverage (page 2).

2. Review the acceptable documentation list and gather required documents (page 3). Before submitting copies, sensitive personal information such as financial information and social security numbers should be redacted or blacked out.

3. Complete the Dependent Eligibility Verification Form (page 4).

4. Upload completed form and required documents to Workday.
    - Open your benefits task from your "My Tasks" menu
    - Upload documents using the Attachments functionality. Make sure document photos or scans are legible.

5. The HR Benefits Team will review your submission and you will receive status notifications through Workday.

Need help understanding or completing the form?

Email the Benefits Hub at statewide-benefitsleaves@ivytech.edu or contact your campus HR representative.

ELIGIBILITY LANGUAGE FOR IVY TECH HEALTH, DENTAL AND VISION PLANS

To enroll an individual as a Dependent in the Ivy Tech Community College Health and Dental Care Plan ("Health and Dental Plan") and the Ivy Tech Community College Vision Plan ("Vision Plan"), the individual must be listed on the enrollment form completed by the Covered Employee (including an LTD Participant) or Retiree, meet all dependent eligibility criteria established by Ivy Tech, and fall within one of the following categories:

- The Covered Employee's or Retiree's spouse. For this purpose, "spouse" means a person to whom the Covered Employee or Retiree is legally married to under federal tax law, **unless:**
    - o the Covered Employee or Retiree and his or her spouse are divorced or legally separated under a decree of divorce or separate maintenance, or
    - o the spouse is not a citizen, resident or national of the United States, or
    - o the Covered Employee or Retiree and his or her spouse file separate returns, the Covered Employee or Retiree maintains a household which is the principal place of abode for a child (with respect to whom the Covered Employee or Retiree is entitled to a deduction) for more than ½ the calendar year, the Covered Employee or Retiree furnishes more than ½ of the cost of maintaining that household, and the spouse was not a member of that household during the last 6 months of the year.

- The Covered Employee's or Retiree's child until the end of the month in which the child attains age 26. For this purpose, "child" means the natural child, stepchild, legally adopted child or child who has been placed for adoption, or eligible foster child. An "eligible foster child" is a child who is placed with the Covered Employee or Retiree by an authorized placement agency or by judgment, decree, or other order of a court of competent jurisdiction. For purposes of the Vision Plan only, the child must be unmarried or a full-time student for coverage to extend until the end of the month the child attains age 26.

- The Covered Employee's or Retiree's child, as defined above, past the limiting age if the child:
    - o is enrolled as a Dependent prior to reaching the limiting age,
    - o is claimed as a tax dependent on the Covered Employee's or Retiree's federal tax return, and
    - o is "permanently and totally disabled," meaning that such child is unable to engage in any substantial gainful activity by reason of a medically-determinable physical or mental impairment which can be expected to result in death, or has lasted or can be expected to last for a continuous period of not less than 12 months.

The Covered Employee or Retiree must submit proof of incapacity to Ivy Tech within 120 days after the Dependent would otherwise lose eligibility under the plan. Subsequent proof of continued incapacity may be required by Ivy Tech. You must notify the Administrator and/or Ivy Tech if the Dependent's status changes and he or she is no longer eligible for continued coverage.

The Plan may require the Covered Employee to submit proof of continued eligibility for any enrolled child. Your failure to provide this information could result in termination of a child's coverage.

ACCEPTABLE DOCUMENTS FOR DEPENDENT ELIGIBILITY VERIFICATION

Remember to redact financial information and social security numbers on all documents.

For your spouse, submit the following:

- Copy of marriage certificate (not license)
  AND
- Copy of most recent federal tax return (front page and signature pages only)

For all eligible children, submit the following:

- Copy of birth certificate
- If the parent's last name is different on the child's birth certificate, you must also submit proof of name change for the parent
- If you are adding a stepchild, you must also submit a marriage certificate and a copy of your most recent federal tax return (front page and signature pages only)
  OR
- For adopted children, a copy of the amended birth certificate naming you as the parent, Adoption Decree, or Final Court Order with presiding judge's signature.

For your child who is an eligible foster child, also submit:

- Copy of judgment, decree, or order from court, or other documentation from authorized placement agency, confirming placement of child with you

For your child that is totally and permanently disabled, also submit all of the following that apply:

- Physician letter with a Statement of Total and Permanent Disability, completed and signed by the dependent's physician (stamped signature not acceptable)
- Copy of most recent federal tax return (front and signature pages only)
- Copy of SSI award if eligible

NEED ASSISTANCE? Email the Benefits Hub at statewide-benefitsleaves@ivytech.edu or contact your campus human resource representative

IVY TECH COMMUNITY COLLEGE OF INDIANA
DEPENDENT ELIGIBILITY VERIFICATION FORM

Complete the table below with all dependents that you have enrolled in the Ivy Tech Community College Health and Dental Plan ("Health and Dental Plan") and/or Ivy Tech Community College Vision Plan ("Vision Plan").

Employee Name: _____

Email Address: _____

Covered Dependent(s):

Name	Relationship	Date of Birth

In executing this form, I certify that the above information pertaining to my dependents is accurate and truthful. I understand that all benefits will be revoked and I may be charged with any associated claims costs if it is determined that I have intentionally misrepresented my dependents' information and such misrepresentation impacts my dependents' eligibility under the Health and Dental Plan or Vision Plan.

_____

Employee Signature Date