# Ball State University Open Enrollment for FY 2011

### **Dependent Verification Form**

### Please complete this form **ONLY** if you have enrolled any children on your plan

As part of our ongoing effort to control health care costs, Ball State University is taking steps to ensure that only eligible dependents are covered under our healthcare plans. To accomplish this, we are requiring all employees who claim one or more dependents on our healthcare plan to complete this Dependent Verification Form. This initiative is intended to ensure that each dependent enrolled in our healthcare plans is accurately listed and eligible for coverage.

During this Open Enrollment, each employee must carefully review the definition of an eligible dependent listed on the reverse side of this letter, and certify that all dependent(s) listed on your healthcare enrollment form meet the eligibility criteria. For any of the dependents listed below, please make sure that you have provided all of the information requested on the enrollment form, including their social security numbers and other insurance information if applicable.

Employee Name:	BSUID:
Dependent #1 Dependent name:	Last four digits of SSN
Dependent #2 Dependent name:	Last four digits of SSN
Dependent #3 Dependent name:	Last four digits of SSN
Dependent #4 Dependent name:	Last four digits of SSN
Dependent #5 Dependent name:	Last four digits of SSN
Dependent #6 Dependent name:	Last four digits of SSN
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COR AUTHORIZE RELEASE OF ANY INFORMATION REQUESTED W	
Employee Signature:	
E-mail Address:	
Phone Number:	

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#### **Definition of a Dependent**

The term dependent means the spouse of a participant, and the following unmarried children who qualify as the participant's dependent for Federal Income Tax purposes:

- a) Natural children;
- b) Stepchildren;
- c) Legally adopted children;
- d) Children for whom the person or the person's spouse is legal guardian;
- e) Children for whom coverage must be provided pursuant to a divorce decree;
- f) Grandchildren (must be able to claim as tax dependents).

The child shall remain a dependent hereunder until:

- a) Marriage;
- b) Attaining the age specified in the Schedule of Benefits (currently age 23); or
- c) Become covered eligible to obtain participant coverage hereunder.

A child who has lost eligibility hereunder may resume coverage if the child's reason for loss of eligibility no longer exists and the child otherwise meets the eligibility criteria of the plan.

If a child who is a dependent as defined herein is incapable of self-sustaining employment by reason of mental retardation or physical handicap and is chiefly dependent upon the participant for support and maintenance beginning prior to the end of the calendar year in which he turns the age specified in the Schedule of Benefits, coverage will continue for the dependent until the earliest of the following:

- a) The participant discontinues his coverage hereunder;
- b) The participant is no longer considered an eligible participant;
- c) The plan is cancelled; or
- d) The disability no longer exists as determined by the plan.

Satisfactory evidence of such disability and dependency is required by the Plan. Such evidence must be received within 120 days after the end of the calendar year in which the maximum age is attained. The plan may require that the evidence of disability or dependency is updated annually.