



Required Dependent Eligibility Verification

As part of the commitment to control healthcare costs, the Finger Lakes Area School Health Plan (FLASHP) is taking steps to ensure that only eligible dependents are covered under our health and/or dental plans. To ensure that each dependent enrolled in the plans is accurately listed and eligible for coverage, documents are required to enroll a newly eligible employee or add a new dependent to an existing FLASHP plan. The definition of eligible dependents is below.

Definition of Eligible Dependents

Definition of Eligible Dependents - Medical Plans

Eligible Spouse

Your legal spouse or civil union partner as evidenced by a marriage or civil union certificate; if you married under a recognized common law arrangement in a state that has recognized this relationship, you may complete an Affidavit of Common Law Marriage in lieu of a marriage certificate.

Eligible Children / Disabled Dependents

Your child younger than age 26

Coverage may be extended beyond age 26 to a child of any age who is incapable of self-sustaining employment because of mental illness and/or physical, mental or developmental disability.

A child is defined as your natural child; stepchild; adopted child or child placed with you for adoption; child for whom you are the court appointed legal guardian; or child for whom you are required to provide health insurance and/or support by means of a legal order.

Eligibility for dependent child coverage is based only in terms of the relationship between a child and participant, and coverage may not be denied or restricted based on factors such as: financial dependency, residency, student status, employment status, eligibility of other coverage or marital status.

An employee's grandchild for whom the employee has legally adopted or accepted legal guardianship of or for whom the employee is legally required to provide health insurance is also an eligible dependent.

Healthcare reform does not require that the spouse of a child be covered, nor does it require that the dependent child of a child (grandchild) be covered.

Definition of Eligible Dependents - Dental Plans

Eligibility definitions for eligible spouse, domestic partner and children from age 0-18 are the same as medical plans above.

Children age 19-23 must meet one additional eligibility criteria. An age 19-23 child must be enrolled as a full-time student at an accredited college to be treated as an eligible dependent under the dental plan.

**Finger Lakes Area School Health Plan
Required Dependent Eligibility
Document Checklist**

Contract Tier

Single

2 Person, Employee & Spouse

Family No Spouse, Employee & Children, Family

No documents required

Documents required

Documents required

Please request and review these documents and return the documents to the employee upon checklist completion.

Spouse / Common Law

A copy of your marriage certificate/civil union certificate or completed Affidavit of Common Law Marriage

AND

One form of documentation dated within the last 6 months establishing current marital status, such as a joint household bill, joint bank / credit card account, joint mortgage or lease, or front page of your jointly filed federal tax return
(Monetary amounts should be removed)

Children / Grandchildren

A copy of the child's birth certificate, (or hospital certificate for newborn child) naming you or your spouse as the child's parent, or appropriate court order / adoption decree naming you or your spouse as the child's legal guardian

AND

If applicable, a copy of a divorce decree or custody order granting full or joint custody (names of all parties must be included)

OR

If applicable, a copy of a court-issued Qualified Medical Child Support Order (QMCSO) or other court order where you are required to provide healthcare (names of all parties must be included)

Children Eligible for Dental with the Age 19/23 Student Rider

(This section to be completed only for dependent children age 19/23)

A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order / adoption decree naming you, your spouse, or domestic partner as the child's legal guardian

AND

A copy of the most recent semester college or university school schedule or enrollment verification statement that confirms the dependent's status as a full time student (Full time status is typically 12 hours or more as an undergraduate, and 9 hours or more as a graduate student). The student's name, enrollment dates, credit hours and/or status, and the name of the educational institution must be included

Disabled Dependents

A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order / adoption decree naming you or your spouse as the child's legal guardian

AND

The Excellus handicap dependent application form

AND

If applicable, a copy of a divorce decree or custody order granting full or joint custody (names of all parties must be included)

OR

If applicable, a copy of a court-issued Qualified Medical Child Support Order (QMCSO) or other court order where you are required to provide healthcare (names of all parties must be included)

Signature affirms that all documents and information submitted are accurate and honest.

Affidavit/Signature

Employee Name (print)

Employee Signature

Date

District Rep Name (print)

District Rep Signature

Date