



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 _____

Rev. 1/2017