

# Trinity Health Colleague Health and Welfare Plan Dependent Eligibility and Documentation

June 2023



To add a dependent to coverage, you will be asked to provide documentation to prove the relationship initially existed and the relationship still exists (if applicable) at the time of enrollment. Below is additional information regarding who is eligible to be covered as a dependent and the documentation you will need to provide.

Dependent Type	Definition	Required Documentation
<p><b>Pre-Tax Eligible Adult: Legal Spouse</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The person satisfies the Internal Revenue Service's definition of a spouse with respect to the Colleague.</li> <li><b>AND</b></li> <li><input type="checkbox"/> The person is not otherwise covered under the Plan, or any other group health plan offered by the Employer or one of its related or affiliated entities.</li> <li><b>AND</b></li> <li><input type="checkbox"/> The person is not legally married to someone other than the Colleague.</li> </ul>	<p><b>Marriage dated less than 12 months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government issued marriage certificate, with appropriate signatures</li> </ul> <p><b>Marriage dated more than 12 months:</b></p> <p><b>Option 1:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government issued marriage certificate, with appropriate signatures</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Federal tax return issued within last two (2) years listing spouse (you are encouraged to de-identify financial information and social security numbers)</li> </ul> <p><b>Option 2:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government issued marriage certificate, with appropriate signatures</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of financial interdependence (please see chart below)</li> </ul>

Dependent Type	Definition	Required Documentation
<p><b>Post-Tax Eligible Adult Non-Spouse</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The person has a current, valid domestic partnership, civil union, or other similar arrangement that is currently recognized and registered with a state or local government registry</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> satisfies all the following:                             <ul style="list-style-type: none"> <li>○ The person does not satisfy the Internal Revenue Service's definition of a spouse with respect to the Colleague</li> <li>○ The person shares the Colleague's permanent residence</li> <li>○ The person is financially interdependent with the Colleague</li> <li>○ The person is not otherwise covered under the Plan, or any other group health plan offered by the Employer or one of its related or affiliated entities</li> <li>○ The person is not legally married to someone other than the Colleague</li> <li>○ The person is not the Colleague's:                                     <ul style="list-style-type: none"> <li>▪ Parent/Stepparent</li> <li>▪ Parent's/Stepparent's other descendant (i.e., the Colleague's sibling, niece, nephew)</li> <li>▪ Grandparent/Step-Grandparent or one of their descendants (e.g., the Colleague's aunt, uncle, cousin, etc.)</li> <li>▪ In-law</li> <li>▪ Renter, boarder, tenant, or employee; or child or grandchild.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of financial interdependence (please see chart below)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of residency (please see chart below)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Trinity Health Non-Spouse Adult Certification Form</li> </ul>

Dependent Type	Definition	Required Documentation
<p><b>Pre-Tax Eligible Adult Non-Spouse</b></p>	<ul style="list-style-type: none"> <li>□ The person who satisfies the requirements set forth to be a Post-Tax Eligible Adult will be treated as a Pre-Tax Eligible Adult (a "Non-Spouse Pre-Tax Eligible Adult") if</li> <li>□ the person is the Eligible Colleague's dependent for federal income tax purposes and meets all the following criteria:                             <ul style="list-style-type: none"> <li>○ The non-spouse Eligible Adult lives with the Colleague and is a member of their household during the calendar year in which they are enrolled in the Plan</li> <li>○ The non-spouse Eligible Adult receives over one-half of his or her support from the Colleague during the calendar year in which they are enrolled in the Plan</li> <li>○ The non-spouse Eligible Adult is a U.S. citizen, a U.S. national, or a resident of the U.S., Canada, or Mexico at some time during the calendar year in which they are enrolled in the Plan</li> <li>○ The non-spouse Eligible Adult is NOT eligible to be claimed as a "qualifying child" by someone else. (Generally, a qualifying child is a dependent under age 19 (age 24 if a full-time student) that meets certain IRS requirements)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Federal tax return within the last two (2) years listing eligible adult (you are encouraged to de-identify financial information and social security numbers)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>□ Proof of residency (please see chart below)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>□ Completed Trinity Health Non-Spouse Adult Certification Form</li> </ul>

Dependent Type	Definition	Required Documentation
<p><b>Child: Biological Child</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The natural children of the Eligible Colleague or Colleague’s Eligible Adult*</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The legally adopted children of or children placed for adoption with the Eligible Colleague or Colleague’s Eligible Adult*</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Children for whom the Eligible Colleague or Colleague’s Eligible Adult* are the court-appointed legal guardian</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> They are not otherwise covered under the Plan, or any other group health plan offered by the Employer or one of its related or affiliated entities.</li> </ul> <p><b>*Children of a non-spouse Eligible Adult may be covered under the Plan only if their Eligible Adult is covered under the Plan.</b></p> <p><b>In addition, the children who satisfy both the criteria set forth above are Dependent Children eligible for coverage under the Plan after they turn age 26 if they meet all the following criteria:</b></p> <ul style="list-style-type: none"> <li>• They are totally and permanently Disabled and became Disabled prior to their 26th birthday</li> <li>• They are unmarried</li> <li>• They are continuously enrolled in a group health plan prior to their 26th birthday</li> <li>• They either             <ul style="list-style-type: none"> <li>○ Live in the same house as the Colleague for more than half of the year and do not provide more than half of their own support for the year; or</li> <li>○ Are not anyone’s “qualifying children” for the year (as defined in Internal Revenue Code Section 152(c)) and the</li> </ul> </li> </ul>	<p><b><u>Children over 3 months:</u></b> <b><u>One of the following:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government issued birth certificate (including parents' names)</li> </ul> <p><b><u>Newborn children under 3 months</u></b> <b><u>(One of the following):</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government issued birth certificate (including parents' names)</li> <li><input type="checkbox"/> Non-government issued proof of birth (e.g., hospital verification of birth)</li> </ul> <p><b>Disabled dependent child over the age of 26:</b></p> <p><b>In addition to applicable documentation for child relationship, if dependent child is disabled, you must also provide:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Social Security disability award letter</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Trinity Health Child Over Age 26 Dependent Certification Form</li> </ul>

	<p>Eligible active or former Colleague, Eligible active or former Colleague's Pre-Tax Eligible Adult who is not a Non-Spouse Pre-Tax Eligible Adult, or Covered Eligible Adult provides over half of their support for the year.</p>	
<p><b>Child: Stepchild or child of Non-Spouse Eligible Adult</b></p>	<p><input type="checkbox"/> The natural children of the Eligible Colleague or Colleague's Eligible Adult*</p> <p><b>OR</b></p> <p><input type="checkbox"/> The legally adopted children of or children placed for adoption with the Eligible Colleague or Colleague's Eligible Adult*</p> <p><b>OR</b></p> <p><input type="checkbox"/> Children for whom the Eligible Colleague or Colleague's Eligible Adult* are the court-appointed legal guardian</p> <p><b>AND</b></p> <p><input type="checkbox"/> They are not otherwise covered under the Plan, or any other group health plan offered by the Employer or one of its related or affiliated entities.</p> <p><b>*Children of a non-spouse Eligible Adult may be covered under the Plan only if their Eligible Adult is covered under the Plan.</b></p> <p><b>In addition, the children who satisfy both the criteria set forth above are Dependent Children eligible for coverage under the Plan after they turn age 26 if they meet all the following criteria:</b></p> <ul style="list-style-type: none"> <li>• They are totally and permanently Disabled and became Disabled prior to their 26th birthday</li> <li>• They are unmarried</li> <li>• They are continuously enrolled in a group health plan prior to their 26th birthday</li> <li>• They either</li> </ul>	<p><input type="checkbox"/> Government issued birth certificate (including parents' names)</p> <p><b>AND</b></p> <p><input type="checkbox"/> Documentation showing relationship with spouse or non-spouse eligible adult</p> <p><b>Disabled dependent child over the age of 26:</b></p> <p><b>In addition to applicable documentation for child relationship, if dependent child is disabled, you must also provide:</b></p> <p><input type="checkbox"/> Copy of Social Security disability award letter</p> <p><b>AND</b></p> <p><input type="checkbox"/> Trinity Health Child Over Age 26 Dependent Certification Form</p>

	<ul style="list-style-type: none"> <li>○ Live in the same house as the Colleague for more than half of the year and do not provide more than half of their own support for the year; or</li> <li>○ Are not anyone’s “qualifying children” for the year (as defined in Internal Revenue Code Section 152(c)) and the Eligible active or former Colleague, Eligible active or former Colleague’s Pre-Tax Eligible Adult who is not a Non- Spouse Pre-Tax Eligible Adult, or Covered Eligible Adult provides over half of their support for the year.</li> </ul>	
<p><b>Child: Adoption/Foster</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The natural children of the Eligible Colleague or Colleague’s Eligible Adult*</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The legally adopted children of or children placed for adoption with the Eligible Colleague or Colleague’s Eligible Adult*</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Children for whom the Eligible Colleague or Colleague’s Eligible Adult* are the court-appointed legal guardian</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> They are not otherwise covered under the Plan, or any other group health plan offered by the Employer or one of its related or affiliated entities.</li> </ul> <p><b>*Children of a non-spouse Eligible Adult may be covered under the Plan only if their Eligible Adult is covered under the Plan.</b></p> <p><b>In addition, the children who satisfy both the criteria set forth above are Dependent Children eligible for coverage under the Plan after they turn age 26 if they meet all the following criteria:</b></p> <ul style="list-style-type: none"> <li>• They are totally and permanently Disabled and became Disabled prior to their 26th birthday</li> <li>• They are unmarried</li> </ul>	<p><b><u>One of the following:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adoption certificate (including child’s date of birth)</li> <li><input type="checkbox"/> Adoption placement agreement or petition for adoption (including child’s date of birth)</li> <li><input type="checkbox"/> Revised government issued birth certificate listing colleague as parent</li> <li><input type="checkbox"/> Foster care letter/paperwork             <ul style="list-style-type: none"> <li><input type="checkbox"/> Must list child’s name, parent’s name, and child’s date of birth. If child’s date of birth is missing, government issued birth certificate is still required to verify age.</li> <li><input type="checkbox"/> Court documents must contain first page with case number, Plaintiff name, Respondent Name, page(s) that list type of child they are (adopted, legal guardianship, paternity), and last page with judge’s signature.</li> </ul> </li> </ul> <p><b>Disabled dependent child over the age of 26:</b></p> <p><b>In addition to applicable documentation for child relationship, if dependent child is disabled, you must also provide:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Social Security disability award letter</li> </ul>

	<ul style="list-style-type: none"> <li>• They are continuously enrolled in a group health plan prior to their 26th birthday</li> <li>• They either             <ul style="list-style-type: none"> <li>○ Live in the same house as the Colleague for more than half of the year and do not provide more than half of their own support for the year; or</li> <li>○ Are not anyone’s “qualifying children” for the year (as defined in Internal Revenue Code Section 152(c)) and the Eligible active or former Colleague, Eligible active or former Colleague’s Pre-Tax Eligible Adult who is not a Non- Spouse Pre-Tax Eligible Adult, or Covered Eligible Adult provides over half of their support for the year.</li> </ul> </li> </ul>	<p><b>AND</b></p> <ul style="list-style-type: none"> <li>□ Trinity Health Child Over Age 26 Dependent Certification Form</li> </ul>
<p><b>Child: Guardianship</b></p>	<ul style="list-style-type: none"> <li>□ The natural children of the Eligible Colleague or Colleague’s Eligible Adult*</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>□ The legally adopted children of or children placed for adoption with the Eligible Colleague or Colleague’s Eligible Adult*</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>□ Children for whom the Eligible Colleague or Colleague’s Eligible Adult* are the court-appointed legal guardian</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>□ They are not otherwise covered under the Plan, or any other group health plan offered by the Employer or one of its related or affiliated entities.</li> </ul> <p><b>*Children of a non-spouse Eligible Adult may be covered under the Plan only if their Eligible Adult is covered under the Plan.</b></p>	<p><b>Option 1:</b></p> <ul style="list-style-type: none"> <li>□ Court ordered document of legal custody             <ul style="list-style-type: none"> <li>○ Must list child’s name, parent’s name, and child’s date of birth. If child’s date of birth is missing, government issued birth certificate is still required to verify age.</li> <li>○ Court documents must contain first page with case number, Plaintiff name, Respondent Name, page(s) that list type of child they are (adopted, legal guardianship, paternity), and last page with judge’s signature.</li> </ul> </li> </ul> <p><b>Disabled dependent child over the age of 26:</b></p> <p><b>In addition to applicable documentation for child relationship, if dependent child is disabled, you must also provide:</b></p> <ul style="list-style-type: none"> <li>□ Copy of Social Security disability award letter</li> </ul> <p><b>AND</b></p>

	<p><b>In addition, the children who satisfy both the criteria set forth above are Dependent Children eligible for coverage under the Plan after they turn age 26 if they meet all the following criteria:</b></p> <ul style="list-style-type: none"> <li>• They are totally and permanently Disabled and became Disabled prior to their 26th birthday</li> <li>• They are unmarried</li> <li>• They are continuously enrolled in a group health plan prior to their 26th birthday</li> <li>• They either             <ul style="list-style-type: none"> <li>○ Live in the same house as the Colleague for more than half of the year and do not provide more than half of their own support for the year; or</li> <li>○ Are not anyone's "qualifying children" for the year (as defined in Internal Revenue Code Section 152(c)) and the Eligible active or former Colleague, Eligible active or former Colleague's Pre-Tax Eligible Adult who is not a Non- Spouse Pre-Tax Eligible Adult, or Covered Eligible Adult provides over half of their support for the year.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Trinity Health Child Over Age 26 Dependent Certification Form</li> </ul>
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# Proof of Residency and Financial Interdependence Documentation

(You are encouraged to de-identify financial information and Social Security numbers)

<p><b>Proof of Residency</b></p>	<p><b>Submit one (1) of the following: Must list dependent’s name and colleague’s address.</b></p> <p>Cannot produce one document to serve both residency and proof of financial</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government issued identification (Driver’s license or state ID) non-expired</li> <li><input type="checkbox"/> Bank statement within six (6) months</li> <li><input type="checkbox"/> Social Security letters within twelve (12) months</li> <li><input type="checkbox"/> Complete active lease agreement             <ul style="list-style-type: none"> <li>o Must show lease begin and termination date, both eligible adult and colleague listed as financially responsible, signed, and dated by Lessees and Landlord</li> </ul> </li> <li><input type="checkbox"/> Joint ownership of residence</li> <li><input type="checkbox"/> Vehicle registration non-expired</li> <li><input type="checkbox"/> Voter registration card</li> </ul>
<p><b>Proof of Financial Interdependence</b></p>	<p><b>Submit one (1) of the documents listed below that lists both colleague and dependent’s name and address.</b></p> <p>Cannot produce one document to serve both residency and proof of financial interdependence</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mortgage Statement within six (6) months</li> <li><input type="checkbox"/> Bank Statement within six (6) months</li> <li><input type="checkbox"/> Bank Letter (not application) showing account is active within six (6) months</li> <li><input type="checkbox"/> Complete active Lease Agreement             <ul style="list-style-type: none"> <li>o Must show lease begin and termination date. eligible adult and colleague listed as financially responsible, signed, and dated by lessees and landlord</li> </ul> </li> <li><input type="checkbox"/> Credit Card Statement within six (6) months</li> <li><input type="checkbox"/> Property Tax Statement within six (6) months</li> <li><input type="checkbox"/> State Tax Return, current tax year</li> <li><input type="checkbox"/> Mortgage Interest Statement (1098) within twelve (12) months</li> <li><input type="checkbox"/> Homeowners Insurance Statement within twelve (12) months</li> <li><input type="checkbox"/> Renters Insurance Statement within twelve (12) months</li> <li><input type="checkbox"/> Warranty Deed within six (6) months</li> <li><input type="checkbox"/> Auto Loan Statement within six (6) months</li> <li><input type="checkbox"/> Brokerage Statement (investments) within six (6) months</li> </ul>