Trinity Health
Livonia, MI

Employee ID _____

Trinity Health Corporation Welfare Benefit Plan

Overage Disabled Dependent Child Certification

This form is required from all colleagues who want to enroll a disabled dependent child (over the age of 26) in one of more benefits under the Trinity Health Corporation Welfare Benefit Plan. Please review and complete, sign, and submit as part of the documentation required to prove eligibility.

SECTION 1 – Please review **Trinity Health's Eligibility Requirements** before moving to the next section.

A dependent child is considered benefit eligible through the end of the year in which the child turns 26, if the child is:

1. The natural child of the Eligible Colleague or the Eligible Colleague's covered Eligible Adult/Spouse

   OR
2. The legally adopted child or a child placed for adoption with the Eligible Colleague or the Eligible Colleague's covered Eligible Adult/Spouse.

   OR
3. A child for whom the Eligible Colleague or Eligible Colleague's covered Eligible Adult/Spouse are the court-appointed legal guardian.

   AND
4. The child 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.

IN ADDITION to satisfying all of the eligibility requirements set forth above, for a dependent child to be covered under the Plan after age 26, the child must meet **ALL** of the following criteria:

- The child is totally and permanently disabled AND became disabled prior to the child's 26th birthday
- The child is unmarried
- The child has been continuously enrolled in a group health plan prior to the child's 26th birthday, **AND**
- The child either:
  - Lives in the same house as the Colleague for more than half of the year and does not provide more than half of own support for the year

    OR
  - Is not anyone's 'qualifying child' for the year (as defined in Internal Revenue Code Section 152(c)) and the Eligible Colleague, Eligible 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 child's support for the year.

Once you have read through the requirements above and determined that your **disabled** dependent child is eligible for coverage beyond the age of 26, please provide the following information and continue to the next section.

Name of Colleague:_____
(Print full name)

Name of Eligible Child:_____ Date of Birth:_____
(Print full name)

SECTION 2 – CERTIFICATION

I hereby certify that I am enrolling an overage dependent child that meets **ALL** of the eligibility requirements outlined in Section 1 and understand that I must notify Trinity Health Corporation in writing **within 30 days** if there is a change during the Plan year, that affects my dependent's eligibility.

Colleague's signature: _____

Date: _____

IMPORTANT INFORMATION

THIS DOCUMENT IS NOT INTENDED TO AND SHOULD NOT BE RELIED UPON AS A DETERMINATION OR PROOF OF DEPENDENCY STATUS FOR INCOME TAX FILING PURPOSES.

YOU ARE REQUIRED TO PROVIDE PROOF OF YOUR DEPENDENTS' ELIGIBILITY. FALSE OR MISREPRESENTED ELIGIBILITY INFORMATION MAY CAUSE BOTH YOUR COVERAGE AND YOUR DEPENDENTS' COVERAGE TO BE IRREVOCABLY TERMINATED (RETROACTIVELY TO THE EXTENT PERMITTED BY LAW) AND COULD BE GROUNDS FOR COLLEAGUE DISCIPLINE UP TO AND INCLUDING TERMINATION. FAILURE TO PROVIDE TIMELY NOTICE OF LOSS OF ELIGIBILITY WILL BE CONSIDERED INTENTIONAL MISREPRESENTATION. IF YOUR COVERAGE IS TERMINATED RETROACTIVELY DUE TO FRAUD OR MISREPRESENTATION, YOU WILL FORFEIT ANY CONTRIBUTIONS MADE.

YOU SHOULD KEEP A COPY OF THIS CERTIFICATION WITH YOUR BENEFITS INFORMATION AND RETURN THE ORIGINAL COMPLETED FORM TO THE HR SERVICE CENTER VIA THE HR4U COLLEAGUE PORTAL OR YOUR LOCAL HUMAN RESOURCES REPRESENTATIVE IF YOUR MINISTRY DOES NOT USE WORKDAY FOR BENEFITS ADMINISTRATION.