



Employee and Dependent Eligibility Guidelines

This document provides you with the eligibility requirements for enrolling yourself and/or your dependents in City of Gresham coverage. It also includes information on how to enroll or terminate coverage for a dependent if you experience a mid-year family status change, such as a birth, marriage or divorce.

ELIGIBLE DEPENDENTS

Dependents must meet the following criteria to be eligible for coverage. Please note that if you are a new enrollee or if you are enrolling a dependent for the first time, you may be required to provide documentation before enrolling a dependent.

Legal Spouse – must provide a copy of marriage certificate or license

Same Sex Domestic Partner – must provide a Certificate of Registered Domestic Partnership

Children up to the age of 26 – (regardless of marital status, residency, student status, etc.), includes natural child, step-child, adopted child/child placed in your home for the purpose of adoption, and a child for whom you or your spouse/domestic partner has a court order granting legal guardianship. A copy of the court order or other legal documentation is required.

Incapacitated Child – an unmarried child over the age of 26 who is incapable of self-support due to a physical, mental or developmental disability that occurred before the child's 26th birthday may be eligible to remain enrolled. To be eligible, the child must be covered by the plan at the time of his/her 26th birthday and the disability must have occurred prior to that date. Eligibility for continuation must be approved by the City or the insurance carrier, documentation of carrier approval of incapacitated child status will be required.

MID-YEAR STATUS CHANGES

A mid-year status change resulting in the enrollment of a dependent must be requested within 31 days of the event. Failure to add a new dependent within 31 days will result in no coverage for the remainder of the plan year. A dependent can be added during the next open enrollment period or if the dependent experiences a qualified family status change.

A mid-year family status change resulting in the termination of coverage for a dependent must be requested within 31 days of the event. Upon notification of an event, coverage will be terminated retroactively to the end of the month in which the event occurred.

Please see the following Benefit Election Changes Allowed During the Plan Year sheet for more information on mid-year family status changes.

BENEFIT ELECTION CHANGES ALLOWED DURING THE PLAN YEAR

Status Change	Medical/Vision/Dental	FSA ²	Documentation Required
Birth or Adoption	Add newly eligible dependent to coverage. If not currently enrolled, add self and eligible dependent(s) to coverage	Add/Increase Election	None for birth of child; adoptions require a copy of the court order or other legal documents
Marriage/New Domestic Partner	Add spouse/domestic partner, and/or step-children If not currently enrolled, add self and eligible dependent(s) to coverage	Add/increase election	Copy of marriage certificate or license; Certificate of Domestic Partnership
Divorce/Termination of Domestic Partnership	Drop spouse/DP and step-children	Decrease election	Divorce decree; Termination of Domestic Partnership
Obtained Legal Guardianship for a child that is related by blood or marriage	Add dependent to coverage	Increase election	Affidavit of Dependency and copy of court order
Death of Dependent	Stop dependent	Decrease election	No documentation required
Dependent gains other coverage ¹ , Medicare or state coverage	Could drop coverage for spouse/DP and/or children	No changes allowed	Documentation showing proof of other coverage
Dependent loses eligibility for other coverage ¹ , Medicare or state coverage	Add coverage for spouse/DP and/or children	No changes allowed	Certificate of Creditable Coverage, COBRA notice or letter from governmental agency
Support order to provide coverage for child	Add child to coverage	Increase election	Affidavit of dependency and copy of support order
Reduction in hours which result in higher premium cost share	Drop coverage	No changes allowed	None
Increase in hours which result in lower premium cost share	Add coverage for self/dependents	No changes allowed	None

¹Other coverage means other employer/group coverage. Does not include voluntary or involuntary termination or cancellation of an individual policy or Portability coverage. Does not include termination or cancellation of COBRA coverage unless COBRA coverage has expired.

²Changes may apply to both Health and Dependent Care Spending Account – Contact BRMS to inquire.