



**ADMINISTRATIVE
REGULATION**

ORIGINATION DATE:
January 1, 2017

DATE REVIEWED/REVISED:
January 4, 2021

NUMBER:
CC Reg. CM-51
(Formerly ASD-32)

DPR:
City Manager

PROOF OF DEPENDENT STATUS FOR CITY OF CHANDLER HEALTH PLANS

I. PURPOSE

- A. To establish a policy and procedures for Proof of Dependent Status for Dependents on the City of Chandler Health Plans.

II. RESPONSIBILITY

- A. Human Resources shall ensure compliance with this Administrative Regulation for all affected Employees and Retirees.
- B. Affected Employees and Retirees shall follow this Administrative Regulation as well as any other Administrative Regulation that pertains to benefits eligibility, enrollment, or requirements under the City of Chandler Benefit Plans.
- C. Affected Employees and Retirees shall comply with Dependent verification.
- D. For purposes of this Administrative Regulation the term "Employee" will also mean Elected Official.

III. DEFINITIONS

- A. [See CM-56 – City of Chandler Benefits Plans – Definitions, Quick Reference Chart & Required Notices](#)

IV. PROCEDURES

A. Verification of Eligibility

The City of Chandler, as the Plan Administrator, has the right to request information needed from any Eligible Employees/Retirees requesting enrollment of a Dependent into one of the City's benefit plans (medical, dental, vision), to determine if the Dependent meets the rules of eligibility for benefits under the Plan.

B. Proof of Dependent Status

Specific documentation to substantiate Dependent status will be required, and may include a birth certificate, marriage certificate, and proof of the Dependent's age.

C. Dependent Social Security Numbers Required

To comply with Federal Medicare coordination of benefit regulations and certain IRS reporting rules, the Employee or Retiree must promptly furnish to the City of Chandler, the Social Security Number (SSN) of the Eligible Dependents who are being elected for Plan coverage.

D. Dependent Eligibility Documentation Requirements

Documentation to verify eligibility must be provided for all Dependents being covered under the City of Chandler benefit plans. The documents listed in the chart below will be accepted as proof of eligibility.

Failure to provide the Social Security Number means that claims for Covered Persons may not be considered a payable claim for the affected individuals.

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PROOF OF DEPENDENT STATUS		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Spouse	<p>To be considered a spouse an individual must be the Employee or Retiree's legally married spouse.</p> <p>A legally divorced spouse is not an eligible Dependent.</p>	<ul style="list-style-type: none"> • Marriage Certificate • Social Security Card of spouse <p>AND ONE of the following tax documents:</p> <ul style="list-style-type: none"> • Page 1 and signature page of Employee or Retiree's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse. • Page 1 and certificate of filing or email confirmation of electronic submission of participant's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse. <p>OR ONE of the following documents <i>(these are some examples)</i> to show marriage is still current.</p> <p>(Note: if document lists SPOUSE ONLY, the document must reflect an address, and the address must be the same as the address on file for the Employee or Retiree):</p> <ul style="list-style-type: none"> • Current mortgage statement, home equity loan, or lease agreement • Current Property Tax documents • Automobile registration that is currently in effect • Current credit card or account statement • Current utility bill • Current designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under the Employee or Retiree's will • Assignment of a durable property power of attorney or health care power of attorney • Valid government-issued ID <p>NOTE: "Current" is defined as within the last 12 months.</p>

PROOF OF DEPENDENT STATUS		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Biological child	<p>The Employee or Retiree's biological or birth child.</p> <p>A biological child ceases to qualify as a Dependent on the last day of the month in which he or she turns age 26.</p>	<ul style="list-style-type: none"> • Birth Certificate (issued by a state, county, or vital records office) • In the event of a newborn, the hospital birth announcement is acceptable for initial/special enrollment. • Social Security Card of child
Adopted child	<p>The Employee or Retiree's legally adopted child or a child placed with the Employee or Retiree in anticipation of legal adoption.</p> <p>An adopted child ceases to qualify as a Dependent on the last day of the month in which he or she turns age 26.</p>	<ul style="list-style-type: none"> • Social Security Card of adopted child. AND ONE of the following legal documents: • Certificate of adoption (court documents) signed by a judge showing that the Employee or Retiree has adopted the child • Certified copy of the Placement Report or Petition for Adoption from the adoption agency showing intent to adopt • International adoption papers from country of adoption • Birth certificate (issued by a state, county or vital records office naming the adopted parents)
Stepchild	<p>The Employee or Retiree's stepchild. The Employee or Retiree must be married to the child's biological (natural) parent.</p> <p>A stepchild ceases to qualify as a Dependent on the last day of the month in which he or she turns age 26.</p>	<p>All of the following:</p> <ul style="list-style-type: none"> • Provide the required documents listed previously in the "Spouse Section" above to indicate that the legally married Spouse of the Employee or Retiree is the parent, • Birth Certificate of stepchild (issued by a state, county or vital records office) listing the spouse • Social Security Card of stepchild.
Foster child	<p>An eligible foster child placed with the Employee or Retiree by an authorized placement agency or by a judgment or order of a court of competent jurisdiction.</p> <p>A foster child ceases to qualify as a Dependent on the last day of the month in which he or she turns age 26.</p>	<p>All of the following:</p> <ul style="list-style-type: none"> • Signed court document confirming participant is the legal guardian of the foster child • Birth Certificate (issued by a state, county or vital records) • Social Security Card of foster child.

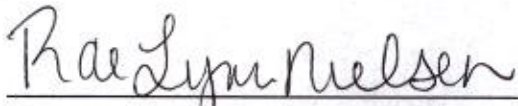
PROOF OF DEPENDENT STATUS		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Legally placed child (legal guardianship)	<p>A child for whom the Employee or Retiree has become legal guardian, for an indefinite period of time pursuant to a judgment, decision, or other judicial order from a court of competent jurisdiction.</p> <p>A legally placed child ceases to qualify as a Dependent on the last day of the month in which he or she turns age 26.</p>	<p>All of the following:</p> <ul style="list-style-type: none"> • Signed court document confirming the participant is the legal guardian of the child • Birth Certificate (issued by a state, county or vital records) • Social Security card of the legally placed child.
Child for whom the City of Chandler health plan has received a Qualified Medical Child Support Order (QMCSO)	Any recognized children the Employee, or Retiree are required to cover under the plan due to a Qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> • Birth Certificate (issued by a state, county or vital records) • Social Security Card of the child <p>AND ONE of the following documents:</p> <ul style="list-style-type: none"> • Court documents signed by a judge • Medical support orders issued by a State agency

PROOF OF DEPENDENT STATUS		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Adult disabled child	<p>The child of the Employee or Retiree who is unmarried, 26 years or older, is primarily supported by the Employee or Retiree and is incapable of sustaining employment by reason of mental or physical handicap.</p> <p>A child whose coverage has terminated under this Plan due to reaching the age limit, and then becomes disabled, is not eligible to re-enroll as a disabled Dependent child under this Plan.</p>	<ul style="list-style-type: none"> • Proof of Dependent child's eligibility by providing the required documents for the Dependent type as listed in this chart • Proof of the child's disability and AND any ONE of the following tax documents: • Page 1 and signature page of the Employee or Retiree and/or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child • Page 1 and Certificate of Electronic Filing or transmission page of the Employee or Retiree and/or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child <p>IF NOT CLAIMED AS DEPENDENT FOR INCOME TAX PURPOSES:</p> <p>ALL of the following must be submitted:</p> <ul style="list-style-type: none"> • The required document(s) for the appropriate Dependent category above, as proof that the child is the child of the Employee or Retiree or the child of the Employee or Retiree's spouse. Current government-issued ID or document showing eligibility for Social Security Income (SSI) or Social Security Disability Income (SSDI) <p>The City may, from time to time, require proof of the continuation of such condition and dependence.</p>
<p>RESOURCES TO OBTAIN DOCUMENTS:</p> <ul style="list-style-type: none"> • Birth Certificates & Marriage Licenses: http://www.cdc.gov/nchs/w2w.htm (click on the appropriate State for details) • Children born outside the United States: http://travel.state.gov/passport/get/first/first_825.html • Social Security Number – If a Dependent does not yet have a social security number, a form can be completed to request a SSN at http://www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE. <p>NOTE: If the legal documents are in a foreign language, a notarized translation in English is required.</p>		

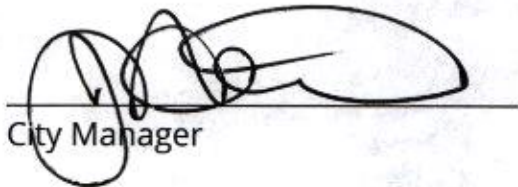
V. RELATED ADMINISTRATIVE REGULATIONS

- CM-49 – Active Employee Benefits Plan Eligibility
- CM-50 – Retiree Benefit Plan Eligibility and Procedures
- CM-52 – Benefit Plan Termination
- CM-52 – Benefit Plan Mid-Year/Special Enrollment Changes
- CM-56 – City of Chandler Benefits Plans – Definitions, Quick Reference Chart & Required Notices

Attachments: N/A



Director of Human Resources



City Manager

3-9-21

Effective Date