

# Adding Newly Eligible Dependents

Updated June 2021

## **An Employee Participant's Dependents may include the following:**

– See more information in SPD

- An Employee Participant's legal spouse, common-law spouse (unless legally separated), civil union partner, or same-sex domestic partner.
- An Employee Participant's Dependent child (including a step-child, legally adopted or mentally/physically disabled child) under age 26. At the end of the birth month in which the child attains age 26, the Dependent child is removed from coverage. If the Subscriber or the Subscriber's Spouse is subject to a qualified medical child support order for a Dependent child of the Subscriber or the Subscriber's Spouse, the Dependent child is eligible for benefits, whether the child lives with the Subscriber or the Subscriber's Spouse. The dependents (spouse or child) of a Dependent child are not eligible for coverage under this Plan Document.
- Coverage may be continued for any unmarried Dependent child after the age of 26 if incapable of self-support because of mental retardation or severe physical handicap, provided such Dependent child became incapable prior to the end of the month in which the child attained the limiting age and Dependent child is dependent upon the Employee Participant for care and support. Notification and a Physician's statement certifying such incapacity must be submitted to the Plan within 31 days of the date the Dependent child's coverage would otherwise terminate.
- If both husband and wife are employed by the same Member and are eligible as Employee Participants, either Employee spouse may elect to cover the other Employee spouse as a Dependent together with any eligible children.
- Proof of dependent status or legal guardianship may be requested from time to time by the Plan. This proof may be requested in the form of marriage records, birth certificates, and official court certified adoption, legal guardianship and divorce decree documents. A Power of Attorney will not be accepted as proof of dependency.
- The Employee Participant must notify the Member and the Plan within 31 days after any change in status affecting coverage resulting from marriage, birth, adoption, divorce, legal separation, death, a child reaching age 26, or the entrance into, or return from, military service.
- Eligibility for Employee Participants and Dependents is additionally limited to persons who are United States citizens by birth or naturalization, or who are legal aliens lawfully residing in the United States.

## **Newly Eligible Dependent Enrollment** – See more information in SPD

A current Employee Participant may add a Dependent who becomes newly eligible due to a Qualifying Event, and for whom the Employee Participant is legally and financially responsible regarding medical, dental, and other health care expenses. Qualifying Events may include marriage, birth, placement for adoption, issuance of a court order, loss of Medicaid, Colorado Health Insurance Program coverage or eligibility for state premium assistance.

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The Member and the Plan **must** receive an Enrollment Application/Change Form for the addition of the Dependent within **31 days of the date of the Qualifying Event (60 days for a Qualifying event defined as a loss of Medicaid, CHIP coverage or eligibility for state premium assistance).**

**Proof of the Qualifying Event, e.g., a copy of the marriage certificate or court order, must be attached to the completed Enrollment Application/Change Form.**

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# Qualifying Events, Required Documents & Allowable Changes

1. If an individual with other health insurance **involuntarily** loses that coverage
  - a. Letter from employer stating involuntary loss of coverage or termination of employment. A Certificate of Credible Coverage from the former group health plan is also acceptable.
  - b. Affidavit of Responsibility (see appendix 5), required if adding step children or Permanent Guardianship.
    - i. Copy of divorce decree or other court documents showing responsibility for providing benefits and last year's tax return showing who claimed the child.
  - c. Add any employee and/or spouse/dependents that experienced the loss of previous coverage. If the employee already has coverage with CHP and would like to add spouse or dependents, they will be added to the employee's current plan.
2. Marriage
  - a. Copy of Marriage Certificate or Civil Union Registration.
  - b. Domestic Partner Affidavit (see Appendix 5), if applicable.
  - c. Common-Law Affidavit (see Enrollment Application/Change Form, Section 8), if applicable.
  - d. Affidavit of Responsibility (see appendix 5), required if adding step-children or Permanent Guardianship.
    - i. Copy of divorce decree or other court documents showing responsibility for providing benefits and last year's tax return showing who claimed the child.
  - e. Add spouse and step-children affected by the marriage. If the employee already has coverage with CHP and would like to add spouse or dependents, they will be added to the employee's current plan.
3. Birth
  - a. Copy of Birth Certificate or Hospital Certificate, when it is received.
  - b. Add spouse and/or newborn affected by the birth. If the employee already has coverage with CHP and would like to add spouse or dependents, they will be added to the employee's current plan.
4. Adoption or placement for adoption
  - a. Copy of Court Documents showing Legal Adoption.
  - b. Add spouse and/or children affected by the adoption. If the employee already has coverage with CHP and would like to add spouse or dependents, they will be added to the employee's current plan.
5. Issuance of a court order
  - a. Copy of Court Documents.
  - b. Add dependents specifically listed in the court document only. If the employee already has coverage with CHP and would like to add spouse or dependents, they will be added to the employee's current plan.

**\*\*\*\* All changes must be made within 31 days of the date of the Qualifying Event (60 days for a Qualifying event defined as a loss of Medicaid, CHIP coverage, or eligibility for state premium assistance).**

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## Determining the Effective Date

1. Involuntary loss of coverage
  - a. First of the month following the date prior coverage ended.
2. Marriage
  - a. If the Employee is **NOT REQUIRED** to contribute toward the cost of Dependent benefits:
    - i. Coverage will be effective on the date of the qualifying event.
  - b. If the Employee **IS REQUIRED** to contribute toward the cost of Dependent benefits:
    - i. Does not have eligible Dependents on the Effective Date of coverage and later acquires eligible Dependent(s) and **authorizes** contributions for Dependent benefits to be effective the date of acquisition, **coverage will be effective on the date of acquisition.**
    - ii. Does not have eligible Dependents on the Effective Date of coverage and later acquires first eligible Dependent(s) and **authorizes** contributions for Dependent benefits to be effective the first of the month following acquisition, **coverage will be effective on the first of the month following acquisition.**
3. Birth
  - a. Coverage will be retroactive to the date of birth.
  - b. If Mother is a covered Participant of the plan.
    - i. The first 31 days will be covered under the mother's policy. To extend coverage for the newborn beyond the first 31 days, the Employee Participant must enroll the newborn within 31 days following the birth.
  - c. If Mother is **NOT** a covered Participant of the plan.
    - i. Coverage on newborn will be determine based on the mother's coverage.
4. Adoption or placement for adoption.
  - i. Coverage will be effective on the date of adoption.
5. Issuance of a court order.
  - i. Coverage will be effective on the date indicated in the court order.

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# How to Complete the Enrollment/Change Application:

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL CAUSE DELAYS.**

It is strongly suggested you make a copy of the application for your records.

## **Section 1 – Reason for Completing Application**

- Check “Add/change/remove family member(s)”.
- Fill in the Qualifying event (Birth, Legal Guardianship, Marriage, etc.) and the Date of the qualifying event. See list of Qualifying Events in this section.

## **Section 2 – Benefits and Coverage Desired**

- Check all plans that are affected by this change and the coverage desired (Employee, Employee & spouse or child, Family).

## **Section 3 - Employee and Family Information**

- Employee name, Gender, Birthdate, Mailing address, Phone number(s), Hire date, Company Name, Position title, Email address. Hours worked/week and Earnings fields are required for entities that calculate Group Term Life based on earnings and salaries. Otherwise, these fields may be left blank.
- Check the “Add” box and list all dependents being added.
- Remember to list all Social Security Numbers, Genders, Birthdates and Relationships.
- **If Employee and Employee’s spouse use different last names**, check the applicable box provided for the qualifying event (Spouse (Statutory Marriage), Common-Law Marriage, Domestic Partnership or Civil Union). Provide supporting documentation such as Marriage License, Domestic Partnership Affidavit, or Civil Union Registration). If Common-Law Marriage, must complete Section 8.
- If you need more space for dependents, attach a separate sheet.

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#### **Section 4 – Life Insurance**

- Complete this section only if there are any changes.
- If more space is needed for beneficiaries, use an additional sheet of paper.

#### **Section 5 – Other Insurance**

- Complete this section only if there are any changes.

#### **Section 6 – Medicare Coverage Information**

- Complete this section only if there are any changes.

#### **Section 7 – Waiver of Insurance**

- Complete this section only if there are any changes.

#### **Section 8 – Common-law Affidavit**

- Complete this section if the Dependent being added is a Common-Law Spouse.
- Employee and Common-Law Spouse must sign.

#### **Section 9 – Important Legal Information**

#### **Section 10 – Signature**

- Check one of the two boxes provided.
- Signature & Date.

Give the employee the "Your Statement of Rights under Federal Law" \*Very Important Notice\* for the new spouse. Obtain a signed "Certificate of Receipt" from the new spouse and keep on file.

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# Adding Dependents using the Online Portal

- Under the Search Filters, locate the employee you are adding a dependent to.
  - Once found, under the “Family” tab, click on “View”
  - Click on “Edit” next to the employee’s name.
  - Next to the employee’s name, (upper righthand side), click on the symbol next to their name.
- A new screen will pop up – fill in all of the information and click on “Add”
  - If this is a dependent of a new employee, the effective date will be the employee’s date of hire.
  - If the dependent is being added at a later date, the effective date is the date the dependent will be added to their plan.
    - Except newborns – the effective date needs to be their Date of Birth*
- Once added, use the dropdown box (above the member information) to go back to the primary’s information.
  - Below their name and address at the Affiliation-Division section, there are icons to add products either through New Hire, Life Event or Open Enrollment. Once you click on one of those, it will allow you to make changes to the employee’s products.
  - If clicking “Life Event,” it will take you to a new page with a drop-down to select the “Event Type.” Pick what option works best for the employee’s situation.
    - “Coverage Effective Date” will be the date the change needs to take effect (always the first of the month after the life event).
    - It will also allow you to add copies of any supporting documents we may need for births, adoptions, marriages, divorces, etc.
  - When selecting products, make sure to put a checkmark next to anyone being covered.
- Once complete, hit “Submit” so it will get processed and sent to your Benefits Administrator or approval.



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Add/Edit Family Member X

**First Name**

**Middle Name**

**Last Name**

**Effective Date**  
📅

**Enrollee Type**  
▼

**Gender**  
▼

**Birth Date**  
📅

**SSN**

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