



# DEPENDENT BENEFITS ELIGIBILITY

The following are eligibility rules, guidelines and documentation requirements for enrollment of qualifying dependents in Cleveland State University's group benefit plans, including provisions of Federal legislation for adult children. Adult children can be covered under the Plan until they attain age 26, regardless of their student or marital status and regardless of whether they live at home or whether you support them.

DEPENDENT TYPE	Eligibility Requirement	Plan Coverage	Documentation Requirement
<b>Spouse</b>	<b>Husband or wife of a covered employee</b>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Supplemental Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• State issued marriage certificate</li> <li>• Federal tax return issued within last two years</li> <li>• Social Security Card</li> </ul>
<b>Same-Sex Spouse</b>	<b>Same gender husband or wife of a covered employee</b>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Supplemental Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• State issued marriage certificate</li> <li>• Federal Tax Return issued within last two years</li> <li>• Social Security Card</li> </ul>
<b>Same-Sex Domestic Partner</b>	<p><b>A person of same gender who meets the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Shares a residence with an eligible employee for at least 6 months</li> <li>• At least 18 years of age</li> <li>• Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage</li> <li>• Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership</li> <li>• Is not in relationship solely for the purpose of obtaining benefit coverage</li> <li>• Is not married or separated from any other person</li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Dependent Same-Sex Domestic Partner Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized Affidavit of Domestic Partnership</li> <li>• Two proofs of joint ownership or joint residency issued within last six months</li> <li>• Social Security Card</li> </ul>
<b>Dependent Child</b>	<p><b>Child related to a covered employee up to age 26 including:</b></p> <ul style="list-style-type: none"> <li>• Biological child</li> <li>• Adopted child</li> <li>• Step child</li> <li>• Legal Ward</li> <li>• Child which employee or spouse of employee is legal guardian</li> <li>• Child(ren) may be married, do not have to reside with parents, or be financially dependent upon them, and may be eligible to enroll in their employer's plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Dependent Child Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• State Issued Birth Certificate</li> <li>• Adoption Certificate</li> <li>• Court ordered document of legal custody</li> <li>• Social Security Card</li> </ul>
<b>Dependent Child (Same-Sex Domestic Partner)</b>	<p><b>Domestic Partner Child to age 26 with relationship to a covered employee:</b></p> <ul style="list-style-type: none"> <li>• The child of the employee's covered Same-Sex Domestic Partner: <ul style="list-style-type: none"> <li>• Biological, adopted or legal ward</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Dependent Child Life Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Required documentation for Same-Sex Domestic Partnership</li> <li>• State Issued Birth Certificate</li> <li>• Adoption Certificate</li> <li>• Court Ordered Document of Legal Custody</li> <li>• Social Security Card</li> </ul>