Employer Provisions

Administrative Rule 302 Eligibility: Eligible Family

Benefits Plan Reference

Article II Eligibility and Enrollment

Original Date

01/2017

Revision Date

01/2024

Children

Children are the natural children, legally adopted children, legal wards, and stepchildren for whom a member is providing at least 50 percent of the support. However, there is no support requirement for Medical Plan enrollment, except in cases of extended coverage for a permanently disabled child age 26 or older and of legal wards.

Coverage for a child ends at age 26, except in cases of a permanently disabled adult child and of terminated guardianship. If found to be permanently disabled, a dependent's eligibility, as long as they were in the medical plan, can continue beyond age 26, if:

• the dependent remains disabled;
• the dependent remains unmarried;
• the member continues to provide at least 50 percent financial support; and
• application is made 90 days prior to the dependent's attainment of the appropriate maximum age for eligibility.

Disabled adult dependents are no longer eligible if they are not living in the member's home and/or any one of the following is true:

- they are in a government paid residential program;
- hey are eligible for a federal or state medical assistance plan or coverage;
- the member provides less than 50 percent of their support, as demonstrated on an annual tax return.

Adopted Child

The effective date of coverage is the date the member becomes legally responsible for the child. The Board requires the following:

- a copy of the court order or letter of intent, prepared by the agency or attorney handling the adoption, verifying the date the member became, or will become, legally responsible for the child.
    - If the letter of intent is prepared before the birth, all eligible birth charges related to

the child and all subsequent medical expenses are considered eligible for reimbursement under the Medical Plan. (Expenses related to the birth mother are not covered.)

Legal Ward

If the letter of intent is prepared after the birth but before the member takes custody of the child, coverage begins when the member takes custody. A child who is not a child of a member or a spouse but is related by blood or marriage to a member can be covered as a family member under the Medical Plan if:

- the child resides permanently with the member;
- the member has legal custody, conservatorship with right to make medical decisions, or guardianship of the child; and
- the member is providing at least 50 percent of the child's support.

The Board requires the following:

- a copy of the court order or decree establishing legal custody, conservatorship, or guardianship
- a copy of the member's most recent federal income tax Form 1040 as proof of residency and support or, if not available, a detailed affidavit stating the following:
  - child's residence,
  - child's sources of income,
  - child's support requirements,
  - verification that member provides at least 50 percent of child's support, and
  - an explanation as to why child is not being declared as member's dependent for federal income tax purposes.

The effective date of coverage is the first day of the month in which the Board's requirements are met. Medical coverage will continue until the child turns 26 or the member's guardianship of the child ceases.

Domestic Partners

Effective January 1, 2021, upon the approval of the Board, an employer may offer coverage under the Health Programs to a domestic partner (opposite or same sex) and their dependent children provided that the employer has a documented workforce policy specifically stating that domestic partners are eligible for benefits. Without such a policy, domestic partners are not eligible for coverage under the Benefits Plan of the Presbyterian Church (U.S.A.) unless enrolled as a Qualified Domestic Partner during the period January 1, 2013, through December 31, 2016.