

## **Smith College Eligibility for Dependent Benefit Coverage**

Spouses and dependents of Smith employees are eligible for certain college benefits and privileges. The benefit eligibility of such individuals is always subject to employee eligibility, and such individuals must be listed on the Certification of Eligibility for Dependent Benefit Coverage form. Employees are responsible for notifying the Office of Human Resources within 30 days of divorce, or in the event that a child ceases to meet the eligibility requirements for benefit coverage.

Smith College maintains the right to request documentation from you at any time to ensure that your dependents meet the applicable eligibility criteria. Any attempt to secure or maintain coverage for an ineligible person may lead to disciplinary action up to and including termination of employment.

**Spouse:** A spouse is a person to whom you are married, and that marriage is recognized by the laws of the Commonwealth of Massachusetts.

### **BENEFIT PLANS: WHO IS ELIGIBLE?**

**Health and Dental Plans:** *Your spouse and children.*

The term *children* comprises your biological children, legally adopted children, foster children, children who are placed in your home for adoption, and stepchildren who are primarily supported by you, including children of your spouse. It also includes any child whom you are required to cover under the terms of a Qualified Medical Child Support Order. The child must be under the age of 26.

**Situations that require special review:** Under certain circumstances, a dependent child who is over age 26 and incapable of supporting him- or herself because he or she is mentally or physically impaired may continue to be covered under your health plan. Also, if your dependent child who is covered under your family health plan gives birth, the newly born grandchild may also be covered. In both instances, review by the health plan is required before coverage will be extended.

**Health Care Spending Account:** The funds in the Account may be used to pay or reimburse your expenses for the medical care of yourself, your spouse, and a biological, adopted, or stepchild of yours or your spouse (if the child qualifies as your dependent under certain applicable federal tax rules in the current calendar year).

**Tuition Assistance for Spouses at Smith College:** *Your spouse.* In the event of divorce, your ex-spouse is no longer eligible for tuition benefits.

**College Tuition Assistance for Children:** *A biological, adopted, or stepchild of yours or your spouse.* The child must be unmarried and under age 25. In addition, the child must qualify as your dependent under certain applicable federal tax rules in the current calendar year.

**Reduced Tuition at the Center for Early Childhood Education:** *A biological, adopted, or stepchild of yours or your spouse.* The child must qualify as your dependent under certain applicable federal tax rules in the current calendar year.

**Dependent Care Spending Account:** The funds in the Account may be used to pay or reimburse your expenses for the care of a "qualifying individual" which may include your spouse or parent if she or he qualifies as your dependent under certain applicable federal tax rules who is mentally or physically incapable of self-care and a biological, adopted, or stepchild of yours or your spouse, if she or he qualifies as your dependent under certain applicable federal tax rules and is under age 13. With respect to expenses for care outside of your home, in general, the "qualifying individual" must spend at least eight hours each day in your home in order for such expenses to be eligible to be paid or reimbursed from the Account.

**Dependent Life Insurance:** *Your spouse; also, a biological, adopted, or stepchild of yours or your spouse.* The child must be unmarried and under the age of 19 OR under age 25 and a full-time student enrolled in an accredited college or university degree program.

**ID Cards:** *Your spouse.* In the event of divorce your former spouse is no longer eligible for a college identification card. *A biological, adopted, or stepchild of yours or your spouse.* The child must be unmarried and under the age of 19 OR under age 25 and a full-time student enrolled in an accredited college or university degree program.

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# SMITH COLLEGE

## Certification of Eligibility for Dependent Benefit Coverage

The following information\* will be used to establish spouse, dependent-child and other dependent eligibility for: health and dental insurance, health and dependent-care spending accounts, life insurance, tuition plans, Smith College OneCard, and leave benefits. Please note that you may be asked to provide evidence of the spouse or dependent-child relationship or dependent status. Feel free to discuss any question pertaining to eligibility with staff in the Office of Human Resources. Please note, too, that there may be different eligibility requirements for different benefit plans, and that enrollment in benefit plans requires completion of the appropriate enrollment forms. Call the Office of Human Resources, at 585-2270, for assistance and further information.

**\*If you do not cover a spouse or dependent children, you do not need to complete this form.**

### Employee Information

Employee Name: \_\_\_\_\_ Smith ID: \_\_\_\_\_

Marital Status:  Single  Married  Divorced

Please check all that apply:   
 I am a new employee   
 I am a current employee   
 This is a change

### Certification

I hereby certify that the information on this form is true. I understand that the completion of this form does not automatically enroll me, my spouse, or my dependents in any benefit plan. I understand that (1) falsely certifying eligibility or failing to inform Smith College if my dependents or I cease to meet eligibility requirements could result in disciplinary action including termination of employment; (2) the college may ask me to provide evidence that the eligibility requirements are being met; and (3) in the event of divorce or in the event that a child ceases to meet the eligibility requirements for benefit coverage, notice must be provided to the Office of Human Resources within 30 days.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

### Spouse Information

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

This is an ex-spouse

### Child Information (Note: Refer to "Eligibility Requirements for Benefit Plans".)

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This child is (check one):

<input type="checkbox"/>	my biological or adopted child
<input type="checkbox"/>	my stepchild
<input type="checkbox"/>	my foster child

Will you be claiming this child as your IRS tax dependent?  Yes  No

Are you subject to a court order requiring you to provide health insurance for this child?  Yes  No

Does this child have a physical or mental impairment that prevents him/her from earning his/her own income *and* is this child over age 26?  Yes  No

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
This child is (check one):

<input type="checkbox"/>	my biological or adopted child
<input type="checkbox"/>	my stepchild
<input type="checkbox"/>	my foster child

Will you be claiming this child as your IRS tax dependent?  Yes  No  
Are you subject to a court order requiring you to provide health insurance for this child?  Yes  No  
Does this child have a physical or mental impairment that prevents him/her from earning his/her own income *and* is this child over age 26?  Yes  No

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
This child is (check one):

<input type="checkbox"/>	my biological or adopted child
<input type="checkbox"/>	my stepchild
<input type="checkbox"/>	my foster child

Will you be claiming this child as your IRS tax dependent?  Yes  No  
Are you subject to a court order requiring you to provide health insurance for this child?  Yes  No  
Does this child have a physical or mental impairment that prevents him/her from earning his/her own income *and* is this child over age 26?  Yes  No

4. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
This child is (check one):

<input type="checkbox"/>	my biological or adopted child
<input type="checkbox"/>	my stepchild
<input type="checkbox"/>	my foster child

Will you be claiming this child as your IRS tax dependent?  Yes  No  
Are you subject to a court order requiring you to provide health insurance for this child?  Yes  No  
Does this child have a physical or mental impairment that prevents him/her from earning his/her own income *and* is this child over age 26?  Yes  No

5. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
This child is (check one):

<input type="checkbox"/>	my biological or adopted child
<input type="checkbox"/>	my stepchild
<input type="checkbox"/>	my foster child

Will you be claiming this child as your IRS tax dependent?  Yes  No  
Are you subject to a court order requiring you to provide health insurance for this child?  Yes  No  
Does this child have a physical or mental impairment that prevents him/her from earning his/her own income *and* is this child over age 26?  Yes  No