

Dependent Eligibility Requirements

Make Sure Everyone You Cover Meets One of These Definitions

Note: OEGB will require documentation to verify eligibility of all enrolled dependents at least once every three years. To learn which documents will satisfy this requirement, visit the Dependent Eligibility Verification page of the OEGB website:

www.oregon.gov/oha/OEGB/Pages/DEV-Audit-Info.aspx

Definition of “Child”

“Child” means and includes the following:

- (a) An eligible employee’s, spouse’s, or domestic partner’s biological son, daughter, stepson, or stepdaughter; adopted child, child placed for adoption, or legally placed child, who is 25 or younger on the first day of the month. An eligible employee must provide the required custody or legal documents to their Employing Entity showing proof of adoption, legal guardianship or other court order if enrolling a child for whom the employee, spouse, or domestic partner is not the biological parent. Grandchildren are only eligible when the eligible employee is the court-ordered legal guardian or adoptive parent of the grandchild.

Note: OEGB no longer accepts Affidavit of Dependency or notarized documents for the purpose of establishing eligibility of a child for whom the employee or spouse/domestic partner are not the biological parent. Legal guardianship must be confirmed by a court-prepared and -signed document.

- (b) A person who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. There is no age limit for a dependent child who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. When the dependent child is 26 years of age or older all the following requirements must be met:

- (A) The disability must have existed before attaining age 26.
- (B) The employee must provide evidence to the Employing Entity or OEGB that (1) the person had health plan coverage, group or individual, prior to attaining age 26, and (2) health plan coverage continued without a gap until the OEGB health plan effective date.
- (C) The person’s attending physician must submit documentation of the disability to the eligible employee’s OEGB health insurance plan for review and approval. If the person receives health plan approval, the health plan may review the person’s health status at any time to determine continued OEGB coverage eligibility.
- (D) The person must not have terminated from OEGB health plan coverage after attaining the age of 26.

- (c) Eligibility for coverage under this rule includes people who may not be dependents under federal or state tax law and may require an Educational Entity to adjust an Eligible Employee’s income based on the imputed value of the benefit.

Definition of “Spouse”

“Spouse” means a person who is married under the laws of the State of Oregon or under the laws of any other state or country. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.

Definition of “Eligible Domestic Partner”

“Eligible Domestic partner,” unless otherwise defined by a collective bargaining agreement or documented district policy in effect on January 31, 2008, means and includes the following:

- (a) An unmarried individual of the same sex who has entered into a “Declaration of Domestic Partnership” with the eligible employee that is recognized under Oregon law; or

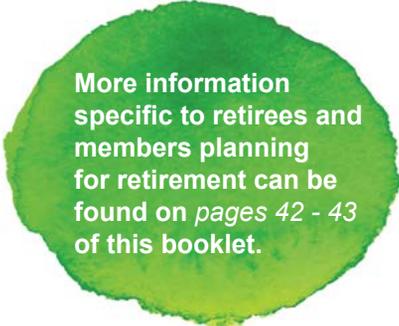
Dependent Eligibility Requirements (CONTINUED)

- (b) An unmarried individual of the same or opposite sex who has entered into a partnership that meets the following criteria:
- (A) Both are at least 18 years of age
 - (B) Are responsible for each other's welfare and are each other's sole domestic partners;
 - (C) Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;
 - (D) Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;
 - (E) Have jointly shared the same regular and permanent residence for at least six months immediately preceding the date the Affidavit of Domestic Partnership is signed and submitted to the Employing Entity; and
 - (F) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.
 - (G) The eligible employee and domestic partner must jointly complete and submit to the Employing Entity an Affidavit of Domestic Partnership form, within five business days of the electronic enrollment date or the date the Employing Entity received the enrollment/change form. If the affidavit is not received, coverage will terminate for the domestic partner retroactive to the effective date.
- (c) The domestic partner must notify the Employing Entity within 31 days of meeting all criteria as defined in 111-010-0015 (15)(b) or obtaining the "Declaration of Domestic Partnership" which is recognized under Oregon law.
- (d) Employing Entities must calculate and apply applicable imputed value tax for domestic partners covered under OEGB benefit plans.

Special Notes for Retirees

A "retiree" enrolled in an OEGB retiree insurance plan who becomes eligible for Medicare coverage may not continue on an OEGB medical or vision plan, unless they are eligible for Medicare as a result of end-stage renal disease. OEGB benefits end the last day of the month prior to the Medicare effective date. The retiree is responsible for reporting to their sponsoring Entity and to OEGB when the retiree is covered by Medicare within 31 days after the Medicare coverage effective date. Failure to report within this timeframe may be considered by OEGB to be intentional misrepresentation and OEGB may retroactively terminate OEGB coverage back to the last day of the month prior to the Medicare effective date.

Eligible dependents of "retirees" who were covered on an OEGB medical plan at the time of retirement and who are eligible for Medicare, or who become eligible for Medicare, may not continue coverage on an OEGB medical or vision plan unless it is stated in a collective bargaining agreement or documented district policy in effect on or before February 1, 2010, that they may continue on OEGB medical plans until the retiree becomes eligible for Medicare with the following exception: OEGB coverage must end for Medicare-eligible dependents of a retiree enrolled on a Kaiser Permanente medical plan.



More information
specific to retirees and
members planning
for retirement can be
found on *pages 42 - 43*
of this booklet.