

Eligible Dependents

Dependent coverage for medical, dental, vision, and supplemental life insurance plans are available for the eligible dependents of benefit-eligible employees. Employees will be required to provide documentation verifying the eligibility of dependents (i.e., marriage certificate, birth certificate, etc.) prior to enrollment.

Eligible dependents are the employee's:

- a. Legally married spouse or unmarried California registered domestic partner (as defined by California Family Code Section 297)
- b. Children, stepchildren, or children of the unmarried domestic partner to age 26, regardless of marital or student status
- c. Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order
- d. Disabled Child: unmarried children, step-children or unmarried domestic partner's children of any age, if they are incapable of self-care due to a physical or mental disability

Verification of Eligibility:

Documents must be attached to the Benefit Event in WorkDay.

- You must submit proper documentation, or your dependent(s) will not will not be covered under your plan.

REQUIRED DOCUMENTS

Legal Spouse:

- Marriage license

Domestic Partner:

- Unmarried California Domestic Partner Affidavit AND

Natural Child:

- Birth certificate showing the employee as a parent

Adopted Child:

- Birth certificate showing the employee as a parent OR
- Court documents showing the completed adoption OR
- A letter of placement from an adoption agency, an attorney or a state social services department that verifies that the adoption is in progress

Foster Child:

- A court order or other legal document placing the child with the employee

Stepchild:

- A copy of the child's birth certificate showing the name of the natural parent AND
- Proof that the natural parent and employee are married, as described under "Legal Spouse" above

Other Children:

- Court order or other legal document granting custody to the employee

Incapacitated Child:

- Proof of physical or mental disability, such as a physician's signed statement, AND
- Proof of relationship described above AND
- The first page of your federal tax return (Form 1040) to demonstrate that your child is dependent on you. *For privacy, please black out all financial information*

Family Health Centers of San Diego will maintain the confidentiality of your documents. The information will be used only to verify dependent eligibility, and will not be used for any other purpose. Please do not submit originals as the documents will not be returned.

Thank you for your cooperation with this eligibility requirement.

Those not eligible for dependent coverage on your plan may explore other healthcare options through FHCS D Care Coordination department by calling 619-515-2363.