

Eligible Dependents

If you are eligible for the Flexible Benefits Plan, you can enroll yourself and your eligible family members (*your eligible dependents*). Before adding a dependent to your health plan(s), review the table below to ensure your dependent(s) meet the eligibility criteria. Dependents should be reviewed regularly to ensure that they continue to meet the eligibility criteria. Coverage for your enrolled dependents must be dropped within 30 days from the date they no longer meet the eligibility requirements.

Your dependents are eligible if they meet the criteria listed in the table below and you have provided the required documentation to confirm your dependents (*e.g., birth certificate, marriage certificate, etc.*). Required documentation must be provided within 30 days of the election window closing.

Dependent Type	Age	Eligibility Definition	Documents Required for Verifying Eligibility
Spouse	N/A	Person to whom you are legally married	Marriage Certificate
Domestic Partner	18+	Meets the <u>City of San Diego's domestic partner eligibility requirements</u> .	1. City of San Diego <u>Affidavit of Domestic Partnership</u> or Declaration of Partnership filed with the California Secretary of State, and; 2. The City of San Diego <u>Health Plan Certification of Federal Tax Dependent Status form</u>
Biological Child	Up to age 26*	Employee's child(ren) under the age of 26	Child's Birth Certificate, Hospital Verification Letter or court document that verifies your relation to the child
Stepchild	Up to age 26*	Spouse's child(ren) under the age of 26	Child's Birth Certificate, Hospital Verification Letter or court document that verifies your spouse as parent. <i>Note: These are documents required in addition to the Marriage Certificate for the spouse.</i>
Adopted Child, Foster Child or Child placed for adoption	Up to age 26*	Child under age 26 that was legally adopted by the employee, a foster child or child placed for adoption with employee	Child's Birth Certificate and court documentation
Child of a Domestic Partner	Up to age 26*	Child of employee's domestic partner under the age of 26	Child's Birth Certificate, Child's Hospital Verification Letter or court document that verifies your Domestic Partner as child's parent. <i>Note: These are documents required in addition to those required for the Domestic Partner.</i>
Disabled Child	N/A	<u>Disabled child</u> over the age of 26 who is dependent on you for support and was disabled before age 26. To be eligible, your child must remain unmarried, dependent on you for financial support and disabled as determined by your health plan.	1. Birth certificate or Hospital Verification Letter, and; 2. Social Security Disability Award Letter, Disability certification package or Disability application from your health plan completed by your child's doctor and returned to your health plan for approval each year or as requested by the insurance company.
Child under a Legal Guardianship	Up to age 26*	Child/Grandchild (<i>unmarried</i>) up to age 26, if you show proof of legal custody	1. Child's Birth Certificate or Hospital Verification Letter and; 2. Court documentation

*Eligibility continues up to the end of the month in which your dependent turns age 26.

Ineligible Dependents

Common examples of individuals who are considered ineligible dependents:

- Your spouse following a divorce.
- Your child over the age of 26, unless they meet the disabled child definition.
- Someone else's child (*such as your niece or nephew*), unless you have been awarded legal custody or guardianship.
- Your parents, parents-in-law, or grandparents, regardless of their IRS dependent status.

When Eligible Dependents become Ineligible Dependents

The following table provides common examples of when an eligible dependent may turn into an ineligible dependent.

Dependent Type	What Is an Eligible Termination Life Event	When Coverage Can Terminate	Documents* Required for Verifying Termination (<i>must be submitted within 30 days of Termination Event</i>)
Ex-Spouse	A final Divorce	The first of the month following the date you report, as long as the report date is on or after the event date.	Signed divorce judgment
	<i>Note: Your divorce must be finalized in order to qualify as a termination life event; a divorce event will also terminate coverage of any covered stepchild.</i>		
Domestic Partner	Separating from your partner (<i>terminating your domestic partnership</i>)	The first of the month following the date you report, as long as the report date is on or after the event date.	• City of San Diego <u>Termination of Domestic Partnership</u> • Marriage Certificate
Child	Turning age 26	Coverage will terminate in the end of the month in which your child turns 26. The City of San Diego monitors your dependent's age and will automatically remove the child from coverage. You will be notified at this time.	None

Employees who enroll dependents in violation of the rules described in this document, are considered to be making an improper use of their benefits. The Employee Benefits office will have authority to take corrective action to any employee's coverage, or the employee's applicable dependent coverage, if the employee is found to have made an improper use of benefits.

Dependent Coverage Rules for Special Situations

Disabled Child Over Age 26

You can continue coverage for a disabled child aged 26 or older who depends on you for support, if that child was disabled before age 26. To be eligible, your child must remain unmarried, dependent on you for financial support and disabled as determined by your medical plan.

To add a disabled dependent to health coverage, the Employee Benefits Office must receive verification that your dependent is disabled. You can submit a Social Security Disability Award Letter. If you do not have a Social Security Disability Award Letter, then you must request the required disability application from your medical plan; ask your dependent's primary care physician to complete it, and then return it to your medical plan for review. Once approved, a copy of the completed disability application must be submitted to the Employee Benefits Office.

Family Members Who Are Also City Employees

Family members who are also City employees are not permitted to be dually covered within the City of San Diego benefits, meaning any City employee is not permitted to be simultaneously covered as both an employee and a dependent under City medical, dental, vision and life insurance plans.

If you are married or domestic partners with another eligible City Employee (with or without children):

- Medical, Dental and Vision coverage: You cannot enroll as both an employee and as a dependent of your spouse/domestic partner. If your spouse/domestic partner chooses family coverage, you must waive coverage and you can be covered as a dependent of your spouse/domestic partner. Only one spouse/domestic partner can cover dependent children.
- Life Insurance coverage: If you and your spouse/domestic partner both work for the City, only one supplemental life insurance plan can be purchased per employee. A child(ren) may only be covered by one employee.

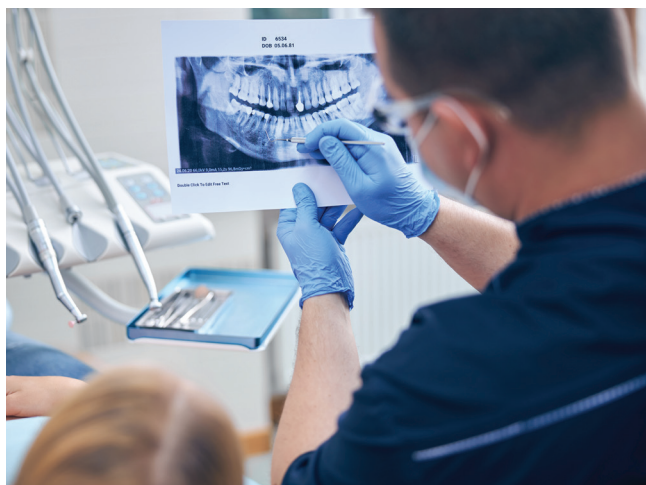
Two Eligible City of San Diego Employees Have Dependent Children Together:

If you have dependent children with another City employee, regardless of if the other employee is your current spouse/domestic partner, or not:

- Medical, Dental and Vision coverage: Only one parent can purchase coverage for your dependent child(ren).
- Life Insurance coverage: Only one parent can purchase child life insurance for your child(ren).

Children Who Are City Employees:

Children who are also benefit-eligible employees of the City cannot be covered as both employees and as dependents under their City employee parents. However, they may be beneficiaries of life insurance.





Domestic Partnership

The Employee Benefits Office administers the registration process for domestic partners enrolled in the Flexible Benefits Plan.

Domestic partners of City employees and domestic partners' children are eligible dependents of the Flexible Benefits Plan, given that proper documentation is provided in a timely manner. A domestic partner can be added to your health plans during your New Hire window or Open Enrollment. The IRS Does not recognize a new domestic partner as a Qualifying Life Event, therefore you are prohibited from adding a new domestic partner mid-year.

What is a Domestic Partner

A domestic partner must meet all the following requirements:

1. Shares the same regular and permanent residence.
2. Is jointly responsible for "basic living expenses" as defined below.
3. Is not married to anyone and is eighteen (18) years of age or older.
4. Is not related by blood to the degree that the State of California would bar marriage, and
5. Is the sole domestic partner and both partners are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner which are paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.



Two Types of Domestic Partners

If enrolling a domestic partner, you must indicate whether they qualify as a federal tax dependent under IRS guidelines.

1. **Tax-Dependent Domestic Partner:** a domestic partner that qualifies as your federal tax dependent for health coverage purposes in the current tax year under IRS guidelines.
 - If your domestic partner is a tax-dependent the entire cost of your health care premium(s) will be deducted from your paycheck on a pre-tax basis.
2. **Non-Tax Dependent Domestic Partner:** a domestic partner that does not qualify as your federal tax dependent for health coverage purposes in the current tax year under IRS guidelines.
 - If your domestic partner is not a tax-dependent, a portion of your healthcare premium cost will be deducted from your paycheck on an after-tax basis.

Dependent Verification for Domestic Partners

One of the following two documents must be submitted:

- The **Affidavit of Domestic Partnership** requires that you and your domestic partner attest to various statements about your relationship. Only the completed affidavit is required; no supporting documentation requirements apply; however, the affidavit must be notarized.
- If you are already registered with the State of California, submit your State certificate in lieu of the Affidavit of Domestic Partnership form.

In addition, you must submit the following:

- The **City of San Diego Health Plan Certification of Federal Tax Dependent Status form** is required for each individual enrolled as your domestic partner, and child(ren) of your domestic partner.

Marrying your Domestic Partner

If you marry the domestic partner, you must report the marriage as soon as possible in order to remove the state income tax liability associated with covering your domestic partner and/or your domestic partner's eligible dependents under your benefits.

Separating from your Domestic Partners

If your domestic partnership ends as a result of separation, you must submit a **Termination of Domestic Partnership form**. As a result, your domestic partner will be removed from your health plan coverage.



For Questions:

- Contact the Employee Benefits Office at **619-236-5924, option 1**.
- Email Employee Benefits at benefits@sandiego.gov.