



The City of
OKLAHOMA CITY

Dependent Eligibility Requirements for Participation in a City of Oklahoma City Health Plan Option

Under the City's policies eligible dependents generally include the following:

1. Spouse, as defined by Oklahoma State Law (common-law spouses may be accepted but not same sex or domestic partners).
2. Unless otherwise excluded from coverage, Child(ren), as defined by Oklahoma state law (or those who qualify as a dependent under the Internal Revenue Code) until the age of 26, and
3. Unmarried child(ren) who are physically or mentally incapable of self support on the date coverage would otherwise end, and

Excluded from dependent coverage are the following:

1. Ex-spouse, except as allowed under COBRA;
2. Same-Sex or Domestic Partner;
3. Parents, grandparents, aunts, uncles, grandchild(ren), foster child, brother, sister, nephew, niece, unless such child(ren) are under your legal guardianship, legal custody or adopted, all as evidenced by court documents;
4. Step-child(ren), if the employee is divorced from the natural parent of the stepchild(ren), such child is no longer qualified as the employee's stepchild(ren), and is no longer eligible for coverage;
5. Children and spouses of covered Adult Children

Form: Dependent Eligibility Requirements (effective –January 1, 2012)

**Acknowledgement of Obligations and Eligibility for Coverage of Dependents, including Adult Children,
Under the Patient Protection and Affordable Care Act**

The Patient Protection and Affordable Care Act contains a provision requiring “group health plans or health insurance issuer offering group or individual health insurance coverage that provides dependent coverage of children shall continue to make such coverage available for an adult child until the child turns 26 years of age.” The provisions set forth on the reverse side of this document below explain the criteria for dependent eligibility, including eligibility for an adult child, to continue to receive coverage under one of The City of Oklahoma City’s health plan options.

Acknowledgment and Obligations of Employee:

I acknowledge by my signature below that I have been provided dependent eligibility information.

Further, my signature acknowledges that I have been informed that:

1. if I divorce, or if a marriage is annulled, my ex-spouse no longer qualifies to be an eligible dependent under a City sponsored health plan, nor do the children of my ex-spouse (step-children), unless I am otherwise the legal guardian or have adopted the step-children as my own;
2. if my status as a parent or guardian of any covered child changes or is terminated, the child no longer qualifies to be my covered dependent; and
3. I am obligated, within 31 days of any such event, to notify the Employee Benefits Division of the Personnel Department of any such divorce or annulment, or change in status of a covered child, and that I must remove the ex-spouse, step-children, and any ineligible adult child from coverage under The City’s benefits plans.

I further acknowledge that if I fail to notify the Employee Benefits Division of the City of Oklahoma City’s Personnel Department of any such change, that I could be subject to disciplinary action, that the covered dependent will be removed from coverage under the plan, and that the City may seek reimbursement from me for any healthcare benefits received by the ineligible ex-spouse or child(ren).

Printed Name of Employee (Date)

Signature of Employee and Employee ID Number