

**City of O'Fallon, Illinois**  
**Medical, Dental & Vision Insurance Plans**  
**Dependent and Adult Child**  
**Eligibility Certification Statement**

Employee: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Dependent: \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN: \_\_\_\_\_  
First MI Last

In order to enroll or continue dependent and/or adult child coverage under the City of O'Fallon, Illinois Medical, Dental & Vision Insurance Plans, Employees must certify that their dependents meet the following eligibility requirements for the dependent checked below. To enroll a dependent not currently on the plan, a formal enrollment form will be required as well.

Check One	Dependent Category	Eligibility Requirements (Must Meet All Requirements)
<input type="checkbox"/>	Student (Ages 19 up to age 23)	Unmarried child age 19 up to but not including age 23, enrolled as a full-time student in an accredited school, and eligible to be claimed as my dependent for income tax purposes.
<input type="checkbox"/>	Special Dependent	Unmarried child age 19 or older who is mentally or physically handicapped, continuously disabled from a cause originating Prior to age 19 (or age 23 if enrolled as a full-time student), and eligible to be claimed as my dependent for income tax purposes.
<input type="checkbox"/>	Sponsored Adult Child Non-IRS Dependent (Ages 19 up to age 26)	Unmarried child age 19 up to but not including age 26. <b>Note: Premiums are not tax exempt. Employee must pay 100% of the cost for coverage.</b>
<input type="checkbox"/>	Sponsored Adult Child IRS Dependent (Ages 19 up to age 26)	Unmarried child age 19 up to but not including age 26. <b>Note: Employee must pay 100% of the cost for coverage.</b>
<input type="checkbox"/>	Veteran Adult Child Non-IRS Dependent (Ages 26 up to age 30)	Unmarried child age 26 up to but not including age 30, Illinois resident, has served as a Employee of the active or reserve components of any of the branches of the U.S. Armed Forces and received a release or discharge other than a dishonorable discharge. <b>Note: Premiums are not tax exempt. Employee must pay 100% of the cost for coverage.</b>
<input type="checkbox"/>	Veteran Adult Child IRS Dependent (Ages 26 up to age 30)	Unmarried child age 26 up to but not including age 30, Illinois resident, has served as a Employee of the active or reserve components of any of the branches of the U.S. Armed Forces and received a release or discharge other than a dishonorable discharge. <b>Note: Employee must pay 100% of the cost for coverage</b>

*I certify the dependent listed above meets ALL of the qualifications for continued coverage in the dependent category checked. I have attached the required documentation. Falsification of the information contained on this form may result in progressive discipline. Additionally, the City of O'Fallon may impose a financial penalty, including, but not limited to, repayment of all premiums the City made on behalf of the enrolled individual, as well as expenses incurred by the Insurance Plan(s). If my child's status changes, I will notify my employer immediately by submitting that information, in writing, to Human Resources.*

Employee's Signature: \_\_\_\_\_

Employee's printed name: \_\_\_\_\_

Signature Date: \_\_\_\_\_

**Return this form to Human Resources**

# FACT SHEET

## Non-Student Dependent Status

### **Eligibility:**

Your unmarried children between the ages of 19 and 26 who are not full-time students may be covered on your group insurance plan. These children are eligible for coverage through the end of the year in which they marry or turn age 26.

### **Enrollment:**

You must complete the *Eligibility Certification Statement* form requesting enrollment and verifying tax dependent status before you can enroll these children on your insurance plan. This form must be completed and returned to Human Resources. These children may be added to your health plan during the annual open health enrollment and change period. Once enrolled, you will not be able to cancel their coverage until the next open health enrollment and change period. The only exception to these enrollment opportunities would be with a qualified life event.

### **Tax Consequences:**

Under federal tax law, if your unmarried child does not currently qualify as your tax dependent, the City will calculate the fair market value of dependent coverage. This amount will be included in your gross income and will be subject to federal and state withholding and FICA and be reported on your Form W-2.

### **Premium Amount:**

The family premium amount does not change because you are covering these children. However, if the child does not qualify as your tax dependent, you will pay tax on the fair market value of dependent coverage as stated above. This taxable income amount varies by plan and number of these children you wish to enroll.

### **Health Flexible Spending Account:**

Expenses for a non-qualified tax dependent may **not** be claimed under the Health Flexible Spending Account.

### **Full-Time Students:**

There is no upper age limit or residency requirement in the Group Insurance Plan for your children who are full-time students. As long as the student is full-time and unmarried they are eligible for coverage.

*If you have additional questions, please contact Human Resources.*