



Dependent Definitions and Relationship Documentation

In order to enroll a dependent in benefits, they must meet their appropriate eligibility definition and all required documents must be presented within 30 days of new hire.

*Please note that you may black out all financial information on required documentation.

DEPENDENT	ELIGIBILITY DEFINITION	RELATIONSHIP DOCUMENTATION REQUIRED
Spouse	An individual to whom you are legally married	<input checked="" type="checkbox"/> A photocopy of your marriage license AND <input checked="" type="checkbox"/> A copy of the front page of your federal tax return for the most recent tax year showing your spouse's name
Child	<p>Your child, that meets the specific benefit eligibility criteria as below, includes:</p> <ul style="list-style-type: none"> ❖ Your Biological Child(ren) ❖ Your Step-Child(ren) ❖ Your Legally Adopted Child(ren) ❖ Child Under Legal Guardianship* <p>Medical/Dental/Vision/Life Insurance A child, who is under the age of 26. Coverage is available through the end of the month in which they turn age 26.</p> <p>Tuition You IRS tax-dependent, unmarried child(ren). Child may be IRS tax-dependent of employee's ex-spouse. Step-children must be the employees IRS tax-dependent. Visit www.nmu.edu/hr/tuition for full eligibility.</p>	<ul style="list-style-type: none"> ❖ Biological Child(ren): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A photocopy of the child's birth certificate showing your name as the parent AND <input checked="" type="checkbox"/> A photocopy of your (or your ex-spouse's) federal tax return for the most recent tax year showing the dependent listed. ❖ Step-Child(ren): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A photocopy of the child's birth certificate showing your spouse's name as the parent AND <input checked="" type="checkbox"/> A photocopy of your federal tax return for the most recent tax year showing the dependent listed. ❖ Legally Adopted Child(ren): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A photocopy of the Adoption Final Decree with the presiding judge's signature and seal ❖ Child Under Legal Guardianship: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A photocopy of the Final Court Order appointing guardianship
Child with Disability	Any dependent child that otherwise meets the criteria of "child" as specified above and is disabled:	<input checked="" type="checkbox"/> Documentation as noted above for "child" dependent type AND <input checked="" type="checkbox"/> A photocopy of your federal tax return for the most recent tax year showing the dependent listed
Household Member*	<p>An adult individual that you desire to enroll in the health care plan, if a spouse is not already enrolled, that meets the following criteria:</p> <ul style="list-style-type: none"> ❖ At the time of proposed enrollment, has resided with you for a minimum of the previous 18 continuous months. ❖ Is not a "dependent" of you as defined by the IRS. <p>NOT ELIGIBLE: Your children and their descendants, your parents and their descendants, siblings, nieces, nephews, grandparents and their descendants, renters, boarders, tenants.</p>	<input checked="" type="checkbox"/> Household Member Program (HMP) enrollment form and affidavit NOTE: This is a taxable benefit
Household Member Dependent*	Children under age 26 of the Household Member, as defined above, who are a member of your household and meet IRS dependent criteria.	<input checked="" type="checkbox"/> Household Member Program (HMP) enrollment form and affidavit AND <input checked="" type="checkbox"/> Appropriate documentation of a child as defined above

***Individual is not eligible for the NMU Tuition Scholarship Program**