

## Dependent Documentation Requirements and Deadlines for State Benefits Enrollment and Termination

Documentation may be uploaded at <https://MyBenefits.illinois.gov> or mailed to MyBenefits Service Center, 134 N. LaSalle Street, Suite 2200, Chicago, IL 60602

Documentation Time Limits	
Event	Deadline for Documentation
Initial Enrollment Period	Within 30 calendar days of hire/benefits-eligibility effective date.
Annual Benefit Choice Period (Normally held May 1 – May 31 each year.)	Within 10 calendar days of the end of the Benefit Choice election period.
Qualifying Change in Status (Such as marriage, birth, divorce, spouse/partner loses or gains employment.)	Within 60 calendar days of the event.

Adding Dependent Coverage	
<p><b>A Social Security Number (SSN) is required for all dependents insured under the State of Illinois group insurance plan. If SSN has not yet been issued for a newborn or adopted child, the child will be added upon receipt of the birth certificate or adoption order without the SSN. The SSN must be provided within 90 calendar days of the date the coverage was requested in order to continue the dependent's coverage.</b></p>	
Type of Dependent	Supporting Documentation Required (copies acceptable)
<b>Spouse</b>	Marriage Certificate or copy of most recent joint tax return which indicates the spouse's name.
<b>Civil Union Partner (same-sex and opposite-sex)</b> <b>Note:</b> Premiums are pre-tax for an IRS dependent and post-tax for a Non-IRS dependent.	Civil Union Partnership Certificate and, if the partner is an IRS dependent, a joint tax return is required.
<b>Civil Union Partner Dependent Child</b> Birth up to but not including age 26. <b>Note:</b> The IRS and Non-IRS tax status is based on the status of the Civil Union Partner. See note above regarding premiums.	Birth Certificate or Hospital Birth Record indicating your partner is the child's parent and the civil union partnership certificate indicating your civil union with the child's parent. In addition, if the child is an IRS dependent, a copy of the member's tax return is required indicating the dependent was claimed for income tax purposes.
<b>Natural Child</b> Birth up to but not including age 26	Birth Certificate or Hospital Birth Record indicating the Member is the child's parent.  ~ OR ~ Passport indicating the Member is the child's parent, ~ OR ~ Court Order establishing a Member's financial responsibility for the child's medical, dental or other health care, ~ OR ~ Copy of Public Aid Order with the page of the document which has an 'X' indicating that the Member must provide health insurance through the employer.
<b>Adopted Child</b> Birth up to but not including age 26	Adoption Decree/Order with judge's signature and circuit clerk's file stamp, ~ OR ~ Petition for Adoption with the circuit clerk's file stamp.

## Adding Dependent Coverage (cont.)

Type of Dependent	Supporting Documentation Required (copies acceptable)
<b>Adjudicated Child</b> Birth up to but not including age 26	Judicial Support Order from a judge or a copy of the DHFS Qualified Medical Support Order with the page that indicates the member must provide health insurance through the employer.
<b>Disabled Dependent</b>	A diagnosis from an MD with an ICD-9 diagnosis code, ~ AND ~ Letter from licensed physician detailing the Dependent's limitations, ICD-9 diagnosis code, capabilities, date of onset of condition and a statement from the Social Security Administration with the Social Security disability determination or a court order adjudicating the disability, ~ AND ~ A copy of the Medicare card, ~ AND ~ Eligibility Certification Statement form (CMS-138), ~ AND ~ A birth certificate or Hospital Birth Record indicating the Member is the child's parent. In addition, for tax years in which the child is age 27 or above, a copy of the member's tax return is required indicating the dependent was claimed by the member for income tax purposes.
<b>Legal Guardianship</b> Birth up to but not including age 26	Court documentation signed by a judge and stamped by the circuit clerk.
<b>Stepchild</b> Birth up to but not including age 26	Birth Certificate or Hospital Birth Record indicating the Member's spouse/partner is the child's parent, ~ AND ~ Marriage Certificate indicating the Member is married to the child's parent or Civil Union Certificate indicating a Civil Union Partnership with the child's parent.
<b>Veteran Adult Child *</b> Non-IRS Dependent Adult child age 26 up to but not including age 30, Illinois resident, has served as a member 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:</b> Premiums are not tax exempt. Member must pay 100% of cost for coverage.	Birth Certificate or Hospital Birth Record indicating the Member is the child's parent, ~ AND ~ Proof of Illinois residency, ~ AND ~ <b>Additional Documentation required for First-Time Enrollees in this category:</b> Veterans' Affairs release form DD-214 (or equivalent), ~ AND ~ Eligibility Certification Statement form (CMS-138).
<b>Veteran Adult Child *</b> IRS Dependent Adult child age 26 up to but not including age 30, Illinois resident, has served as a member 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. The State will contribute toward the cost of coverage.	Birth Certificate or Hospital Birth Record indicating the Member is the child's parent, ~ AND ~ Proof of Illinois residency, ~ AND ~ <b>Additional Documentation required for First-Time Enrollees in this category:</b> Veterans' Affairs release form DD-214 (or equivalent), ~ AND ~ Eligibility Certification Statement form (CMS-138), ~ AND ~ In addition, for tax years in which the child is age 27 or above, a copy of the member's tax return is required indicating the dependent was claimed by the member for income tax purposes.

Adding Dependent Coverage (cont.)	
Type of Dependent	Supporting Documentation Required (copies acceptable)
Other *	<p>Proof of organ transplant performed after June 30, 2000, ~ AND ~</p> <p>A birth certificate or Hospital Birth Record, ~ AND ~</p> <p>Eligibility Certification Statement form (CMS-138), ~ AND ~</p> <p>In addition, for tax years in which the child is age 27 or above, a copy of the member's tax return is required indicating the dependent was claimed by the member for income tax purposes.</p>

\* This dependent type is not eligible for child State life insurance coverage.

Terminating Dependent Coverage	
Qualifying Event	Supporting Documentation Required (copies acceptable)
Divorce, Dissolution of Civil Union Partnership or annulment	Divorce Decree or Judgment of Dissolution or Annulment filed in a U.S. Court – first and last pages with judge's signature with circuit clerk's file stamp.
Legal separation	Court Order with judge's signature and circuit clerk's file stamp.
Termination of Domestic Partnership	CMS Termination of Group Insurance Coverage for Domestic Partner Form
Loss of Court-Ordered Custody	Court Order indicating the employee no longer has custody of the Dependent. The Order must have judge's signature with circuit clerk's file stamp.
Dependent (child) becomes ineligible for State Group Insurance coverage	Email or signed memorandum from the employee indicating the Dependent's name, the reason for the termination and the effective date of the termination.
Dependent (child) now eligible for Other Group Health coverage	<p>Documentation/email indicating that the dependent is now provided with other group insurance coverage. The enrollment period must be included in the documentation.</p> <p>~ AND ~</p> <p>Documentation indicating enrollment in the other plan with the effective date of coverage.</p>
Spouse/Partner/Dependent child gains employment	Documentation from the employer verifying the gain of employment and effective date.
Coordination of Spouse's/Partner's Annual Election Period	<p>Documentation from the insurance provider or employer indicating this is the only enrollment/change period.</p> <p>~ OR ~</p> <p>Documentation similar to the Benefit Choice Booklet.</p>

**Penalty for Fraud:** Falsifying information/documentation in order to obtain/continue coverage under the State Employees Group Insurance Program is considered a fraudulent act. The State of Illinois will impose a financial penalty, including, but not limited to, repayment of all premiums the State made on behalf of the Member, as well as expenses incurred by the Program.