



Eligibility for Dependent Benefit Coverage

Dependents of Smith employees are eligible for certain college benefits and privileges. Dependent benefit eligibility is always subject to employee eligibility, and dependents must be listed on the "Certification of Eligibility for Dependent Benefit Coverage" form. Parents, foster children, grandchildren, ex-spouses, ex-domestic partners and other relatives are not considered dependents unless otherwise stated. Employees are responsible for notifying the Office of Human Resources within 30 days in the event of divorce or termination of partnership, or in the event a child ceases to meet the eligibility requirements for benefit coverage.

Smith College maintains the right to request documentation from you at any time to ensure that your dependents meet the eligibility criteria. Any attempt to secure or maintain coverage for a non-eligible person may lead to disciplinary action up to and including termination of employment.

Spouse: A spouse is a person to whom you are married, and that marriage is recognized by the laws of the Commonwealth of Massachusetts.

Domestic Partner: For benefit purposes, Smith College defines domestic partner as the **same-sex** partner of a Smith employee, both of whom are sharing a long-term committed relationship of indefinite duration. For eligibility requirements, this relationship must have certain characteristics.

- You have shared a household for at least 12 consecutive months.
- You are not legally married to anyone else and neither of you has another domestic partner.
- You are each at least 18 years old, and you are each mentally competent to consent to contract.
- You are financially responsible for each other's well-being. For example, this may include a contractual commitment for joint financial responsibilities or joint ownership of significant assets (home, car, bank accounts) and joint liability for debts (mortgages and major credit cards).
- You have an exclusive mutual commitment similar to that of marriage, and would marry if it were legal on the federal level.
- You are not related by blood closer than would bar marriage in the state of your residence.
- If you were married, your marriage would not be recognized by the federal government.

BENEFIT PLANS, WHO IS ELIGIBLE?

Health Plans – Your spouse or domestic partner. A natural, adopted, or stepchild of yours, your spouse, or your domestic partner. The child must be unmarried and under the age of 19, OR under age 26 and a full-time student enrolled in an accredited college or university degree program. In addition, the child must meet at least **one** of the following criteria:

- Resides with you or your spouse or domestic partner at least 6 months of the year; OR
- Qualifies as your dependent for tax purposes; OR
- Is the subject of a court order that requires you to provide health insurance for the dependent (a copy of the court order must be filed with the Benefits Group).

Children who lose tax dependent status before their 26th birthday or who stop attending school on a full-time basis are eligible for a two-year (tax year) coverage extension under a family/double policy.

Dental Plans – Your spouse or domestic partner. A natural, adopted, or stepchild of yours, your spouse, or your domestic partner. The child must be unmarried and under the age of 19, OR under age 23 and a full-time student enrolled in an accredited college or university degree program. In addition, the child must meet at least **one** of the following criteria:

- Resides with you or your spouse or domestic partner at least 6 months of the year; OR
- Qualifies as your dependent for tax purposes; OR
- Is the subject of a court order that requires you to provide health insurance for the dependent (a copy of the court order must be filed with the Benefits Group).

Situations which require special review – Under certain circumstances, a dependent child who is over age 18 and incapable of supporting him/herself because s/he is mentally or physically impaired may continue to be covered under your health plan. Also, if your dependent child who is covered under your family health plan gives birth, the newly born grandchild may also be covered. In both instances, review by the health plan is required before coverage will be extended.

Health Care Spending Account – Your spouse (under federal law) or domestic partner (if the partner qualifies as your dependent for tax purposes in the current calendar year). A natural, adopted or stepchild of yours, your spouse, or your domestic partner (if the child qualifies as your dependent for tax purposes in the current calendar year).

Tuition Assistance for Spouses/Partners at Smith College – Your spouse or domestic partner. In the event of divorce, or termination of domestic partnership, your ex-spouse or ex-partner is no longer eligible for tuition benefits.

College Tuition Assistance for Dependent Children – A natural, adopted, or stepchild of yours, your spouse, or your domestic partner. The child must be unmarried and under age 25 and must qualify as your dependent for tax purposes in the current calendar year.

Tuition Assistance for Children at the Campus School – A natural, adopted, or stepchild of yours, your spouse, or your domestic partner. The child must qualify as your dependent for tax purposes in the current calendar year.

Tuition Assistance for Early Childhood Education – A natural, adopted or stepchild of yours, your spouse, or your domestic partner. The child must qualify as your dependent for tax purposes in the current calendar year.

Dependent Care Spending Account – Your spouse, domestic partner, or parent if s/he qualifies as your IRS tax dependent because s/he is incapable of self-care. A natural, adopted or stepchild of yours, your spouse, or your domestic partner. The child must be under age 13. For any child or adult to be eligible, s/he must qualify as your tax dependent and s/he must spend at least eight hours each day in your home.

Dependent Life Insurance – Your spouse or domestic partner. A natural, adopted, or step-child of yours, your spouse or your domestic partner. The child must be unmarried and under the age of 19 OR under age 25 and a full-time student enrolled in an accredited college or university degree program.

OneCard – Your spouse or domestic partner. In the event of divorce or termination of domestic partnership, your ex-spouse or ex-partner is no longer eligible for a college identification card. A natural, adopted or stepchild of yours, your spouse or your domestic partner. The child must be unmarried and under the age of 19 OR under age 25 and a full-time student enrolled in an accredited college or university degree program.



Certification of Eligibility for Dependent Benefit Coverage

The following information will be used to establish spouse, partner and dependent child eligibility for health and dental insurance, health and dependent care spending accounts, life insurance, tuition plans, Smith College OneCard and leave benefits. Please note that you may be asked to provide evidence of the spouse, partner or dependent child relationship. Feel free to discuss any question pertaining to eligibility with staff in the Office of Human Resources. Please note that there may be different eligibility requirements for different benefit plans, and that enrollment in benefit plans requires completion of the appropriate enrollment forms. Call the Office of Human Resources at 585-2270 for assistance and further information.

If you do not have a spouse/partner or dependent children, you do not need to complete this form.

Please check one box: I am a new employee
 I am a current employee; the following information is a change in status

Employee Information

Employee Name: _____ Social Security #: _____

Marital Status: _____ Single _____ Married _____ Domestic Partner

Spouse or Domestic Partner Information (NOTE: refer to "Eligibility for Dependent Benefit Coverage" for the college's definition of domestic partner).

Spouse/Partner's Name: _____

Social Security #: _____ Date of Birth: _____ Gender: _____

Name and address of employer: _____

Does your spouse/partner have health or dental insurance through employment? Yes No

If you have a domestic partner, is s/he your IRS tax dependent? Yes No

(Note: this affects the taxability of your health and dental insurance benefits.)

Signature of spouse/partner: _____ **Date:** _____

Dependent Child Information (NOTE: refer to "Eligibility Requirements for Benefit Plans" for the college's definition of domestic partner).

Children under Age 19

1. Child's Name: _____ Date of Birth: _____ Social Security Number: _____

Will you be claiming this child as your IRS tax dependent? Yes No

Does this child live with you at least 6 months of the year? Yes No

Are you subject to a court order requiring you to provide health insurance for this child? Yes No

2. Child's Name: _____ Date of Birth: _____ Social Security Number: _____

Will you be claiming this child as your IRS tax dependent? Yes No

Does this child live with you at least 6 months of the year? Yes No

Are you subject to a court order requiring you to provide health insurance for this child? Yes No

3. Child's Name: _____ Date of Birth: _____ Social Security Number: _____

Will you be claiming this child as your IRS tax dependent? Yes No
Does this child live with you at least 6 months of the year? Yes No
Are you subject to a court order requiring you to provide health insurance for this child? Yes No

4. Child's Name: _____ Date of Birth: _____ Social Security Number: _____

Will you be claiming this child as your IRS tax dependent? Yes No
Does this child live with you at least 6 months of the year? Yes No
Are you subject to a court order requiring you to provide health insurance for this child? Yes No

Children Age 19 and Over

1. Child's Name: _____ Date of Birth: _____ Social Security Number: _____

Name of child's college/university: _____

Is your child enrolled as a full-time student? Yes No
Will you be claiming this child as your IRS tax dependent? Yes No
If 'No', in what year did you last claim this child as an IRS tax dependent? _____
Are you subject to a court order requiring you to provide health insurance for this child? Yes No
Does your child have a physical or mental impairment that prevents him/her from earning his/her own income? Yes No

2. Child's Name: _____ Date of Birth: _____ Social Security Number: _____

Name of child's college/university: _____

Is your child enrolled as a full-time student? Yes No
Will you be claiming this child as your IRS tax dependent? Yes No
If 'No', in what year did you last claim this child as an IRS tax dependent? _____
Are you subject to a court order requiring you to provide health insurance for this child? Yes No
Does your child have a physical or mental impairment that prevents him/her from earning his/her own income? Yes No

3. Child's Name: _____ Date of Birth: _____ Social Security Number: _____

Name of child's college/university: _____

Is your child enrolled as a full-time student? Yes No
Will you be claiming this child as your IRS tax dependent? Yes No
If 'No', in what year did you last claim this child as an IRS tax dependent? _____
Are you subject to a court order requiring you to provide health insurance for this child? Yes No
Does your child have a physical or mental impairment that prevents him/her from earning his/her own income? Yes No

Certification

I hereby certify that the information on this form is true. I understand that the completion of this form does not automatically enroll me, my spouse/partner, or my dependents in any benefit plan. I understand that (1) falsely certifying eligibility or failing to inform Smith College if my dependents or I cease to meet eligibility requirements could result in disciplinary action, including termination of employment; (2) the college may ask me to provide evidence that the eligibility requirements are being met; and (3) in the event of divorce or termination of partnership or in the event a child ceases to meet the eligibility requirements for benefit coverage, notice must be provided to the Office of Human Resources within 30 days.

Signature of employee: _____ Date: _____

Return to: The Office of Human Resources, 30 Belmont Avenue