



Employer Provisions

Administrative Rule 302 Eligibility: Adopted Children and Wards

Benefits Plan Reference

Article III Eligibility

Original Date

01/17

Replaces: Administrative Rule 206

Children

Children are the natural children, legally adopted children, legal wards, and stepchildren for whom a member is providing at least 50 percent of the support. However, there is no support requirement for Medical Plan enrollment, **except in cases of extended coverage for a permanently disabled child age 26 or older and of legal wards.**

Coverage for a child ends at age 26, except in cases of a permanently disabled adult child and of terminated guardianship.

Adopted Child

The effective date of coverage is the date the member becomes legally responsible for the child. The Board requires the following:

- a copy of the court order or letter of intent, prepared by the agency or attorney handling the adoption, verifying the date the member became, or will become, legally responsible for the child
 - If the letter of intent is prepared before the birth, all eligible birth charges related to the child and all subsequent medical expenses are considered eligible for reimbursement under the Medical Plan. (Expenses related to the birth mother are not covered.)
 - If the letter of intent is prepared after the birth but before the member takes custody of the child, coverage begins when the member takes custody.

Legal Ward

A child who is not a child of a member or a spouse but is related by blood or marriage to a member can be covered as a dependent under the Medical Plan if

- the child resides permanently with the member;
- the member has legal custody, conservatorship with right to make medical decisions, or guardianship of the child; and
- the member is providing at least 50 percent of the child's support.

The Board requires the following:

- a copy of the court order or decree establishing legal custody, conservatorship, or guardianship
- a copy of the member's most recent federal income tax Form 1040 as proof of residency and support or, if not available, a detailed affidavit stating the following:
 - child's residence
 - child's sources of income
 - child's support requirements
 - verification that member provides at least 50 percent of child's support
 - explanation as to why child is not being declared as member's dependent for federal income tax purposes

The effective date of coverage is the first day of the month in which the Board's requirements are met. Medical coverage will continue until the child turns 26 or the member's guardianship of the child ceases.