THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

**Administrative Rule 302**: Eligible Family

**Benefits Plan Reference**: Article 2: Eligibility and Enrollment

**Original Date**: 01/2017

**Revision Date**: 01/2025

## Overview

The following details eligible family member criteria, classification, and requirements.

### Children

- **Eligibility**: Includes natural children, legally adopted children, legal wards, and stepchildren supported by the employee (at least 50%), except for Health & Wellness Plans (medical, dental, and vision) enrollment, which has no support requirement except for permanently disabled children age 26 or older and legal wards.
- **Coverage duration**: Ends on the child's 26th birthday unless the child is permanently disabled.
- **Extended coverage for disabled dependent children, provided they were in the Medical Plan, if**:
    - The employee provides at least 50% financial support for the child.
    - The child remains disabled and unmarried.
    - The employee submits dependent Certification and Evidence of Disability and Support forms at least 60 days before the child turns 26.
- **Disabled adult dependent children lose eligibility if they**:
    - no longer live in the employee's home
    - enter a government-funded residential program
    - qualify for federal or state medical assistance plan or coverage
    - receive less than 50% support from the employee as demonstrated on annual tax return
    - get married

### Adopted children

- **Coverage start date**: Begins when the employee becomes legally responsible for the child.
- **Required documentation**:
    - Court order or letter of intent from the applicable agency or attorney verifying legal responsibility.
    - For pre-birth adoptions, birth-related and subsequent medical expenses for the child are eligible in accordance with the coverage provisions of the Medical Plan (not applicable to expenses for the birth mother).

**Legal wards**

- **Coverage start date**: 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.
- **Eligibility**: 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 family member under the Medical Plan provided the child:
    - lives permanently with the employee
    - is under the employee's legal custody or guardianship with medical decision rights
    - receives at least 50% support from the employee
- **Required documentation**:
    - court order or decree of legal custody or guardianship
    - most recent federal income tax Form 1040 or an affidavit detailing the child's residence, income, and support requirements, and verifying that the employee provides at least 50% support.
- **Coverage duration**: Continues until the child's 26th birthday or, if earlier, guardianship ends.

**Domestic partners**

**Eligibility**

As of Jan. 1, 2021, employers may offer Health & Wellness Plans coverage to domestic partners (same or opposite gender) and their eligible children if the employer has a documented policy stating domestic partners are eligible for benefits.

Note that if an individual was enrolled in the Plan as a Qualified Domestic Partner during the period from Jan. 1, 2013, through Dec. 31, 2016, they may continue to be enrolled in benefits coverage as the "spouse" of the member for the duration of that relationship.