

CITY OF CHICO
DEPENDENT STATUS VERIFICATION FOR HEALTH INSURANCE BENEFITS

1. Complete the **City of Chico Application for Benefits** enclosed in this packet.
2. Determine the specific documents that you will need to submit for each dependent. A list of valid documents is included.
3. Submit a copy of each document, and make sure the official seal is clear and visible. Do NOT submit an original document or a certified copy (with a raised seal), as documents will not be returned.
4. Remember to submit ALL pages of ALL requested documents. Documents may not be valid if they are incomplete or do not contain the necessary relationship details.
5. Make sure all documents are legible and provided together with your City of Chico Application for Benefits.

Frequently Asked Questions

1. Why is the City of Chico requiring documentation for dependents?

The City of Chico can only cover members and their eligible dependents. This documentation is to ensure that the City is compliant with coverage restrictions. This process also helps control healthcare costs by ensuring that **only eligible dependents** are enrolled our benefit plans.

2. Will I be penalized or charged any fees for ineligible dependents?

While some members may be intentionally covering ineligible dependents, the City of Chico believes that many members are simply unaware that their dependents do not meet the requirements of eligibility.

Under no circumstances are you allowed to keep dependents on your benefits if they are no longer eligible. Failure to notify the City that a dependent should be removed within 60 days of a qualifying event (i.e. divorce) will result in the forfeiture of COBRA rights.

If it is discovered that a dependent was kept on the benefits while no longer eligible, they will be terminated retroactively to the date of ineligibility and any claims incurred by them after that date will be the responsibility of the employee. The employee will also not be reimbursed for any premium contribution made on behalf of your ineligible dependents.

3. Do I need to send original documents?

No. Please do **not** send your original documents. If the document is two-sided, or has multiple pages, ensure you copy and submit all pages and both sides of the document.

4. Will I be reimbursed for the cost of obtaining these documents?

No, any charge for obtaining copies of required documents is your responsibility.

5. Where do I submit my documentation for dependent eligibility?

Documentation should be submitted to the City of Chico Human Resources and Risk Management Office.

- **Physical Address:** 411 Main Street, First Floor, Chico, CA
- **Mailing Address:** City of Chico, Human Resources & Risk Management, PO Box 3420, Chico, CA 95927

Eligible Dependents		
Dependent	Eligibility Definition	Documents Required
Spouse / Registered Domestic Partner	<p>Spouse – a member of the opposite sex to whom you are legally married.</p> <p>Registered Domestic Partner – a member of the same sex to whom you have filed a Declaration of Domestic Partnership with the State of California.</p>	<ul style="list-style-type: none"> • Copy of marriage certificate, or • Copy of Certification of Registration of Domestic Partnership, or • Copy of the front page of the participant’s most recent federal tax return that includes spouse (you may redact out all financial information and all but the last four digits of any social security numbers)
Child(ren) Under Age 26	Natural, step, foster, legally adopted children or children for whom the participant or spouse/registered domestic partner has been appointed legal guardian, under the age of 26.	<p>Natural Child(ren)</p> <ul style="list-style-type: none"> • Copy of birth certificate showing participant’s name; or • Copy of the participant’s most recent federal tax return showing the dependent listed (you may redact out all financial information and all but the last four digits of any social security numbers) <p>Stepchild(ren)</p> <ul style="list-style-type: none"> • Copy of birth certificate showing spouse/registered domestic partner’s name; • AND Copy of marriage certificate or Certification of Registration of Domestic Partnership showing spouse/registered domestic partner’s name <p>Legal Guardian, Adoption or Foster Child(ren)</p> <ul style="list-style-type: none"> • Copy of Affidavits of Dependents, Final Court Order, Adoption Decree, or a Qualified Medical Support Order
Disabled Child(ren) Age 26 or Older	<p>Child(ren), as defined above, who is 26 years of age, or older, and meets the following:</p> <ul style="list-style-type: none"> • Unmarried; • Chiefly dependent on the participant, spouse/registered domestic partner for support and maintenance; and • Is incapable of self-sustaining employment due to a physical or mental condition; and • Has received physician certification of such incapability 	<ul style="list-style-type: none"> • Documentation as noted above for “Child(ren)” dependent type • AND a copy of the participant’s most recent federal tax return showing the dependent listed (you may redact out all financial information and all but the last four digits of any social security numbers) <p>Please note that this audit is to verify the child’s eligibility as a “dependent.” Whether the child is “disabled” is outside the scope of this audit.</p>
Ineligible Dependents		
<ul style="list-style-type: none"> • Former spouse/registered domestic partner <i>even if the subscriber was court ordered to provide ex-spouse/former domestic partner with health coverage</i> • Children age 26 and older • Children of former spouses/registered domestic partners • Disabled children age 26 or over who were not enrolled prior to age 26 • Relatives such as grandchildren, grandparents, parents, siblings, aunts, uncles, nieces, nephews, etc. • Spouses/domestic partners of adult children • Live-in boyfriend or girlfriend and his/her children. 		