



Required Documentation & Dependent Eligibility

Outside of Open Enrollment

Below is a list of the most commonly requested documentation for qualified status changes. For details regarding when you may change coverage outside of Open Enrollment (and the deadlines), go to www.montgomerycountymd.gov/ohr and select the Benefits tab; then select the appropriate Health Insurance link; go to the "Changing Your Health Insurance" section. **Important tip:** To order lost or missing dependent documentation: <http://www.cdc.gov/nchs/w2w.htm>.

| If you are: | Submit your Election Form and the following documentation: |
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| Adding a dependent | <ul style="list-style-type: none"> • <i>Spouse:</i> Official state marriage certificate (certified by appropriate state or county official) • <i>Domestic partner:</i> County's domestic partner affidavit or an official copy of a state-issued domestic partnership registration • <i>Biological child:</i> State birth certificate* • <i>Adopted child:</i> Copy of adoption or placement for adoption papers • <i>Step child:</i> State birth certificate*, marriage certificate and divorce decree or custody papers • <i>Disabled child:</i> Medical plan verification of disability prior to age 26 • <i>Legal custody:</i> Copy of court order granting legal custody • <i>Gaining/losing coverage elsewhere:</i> Proof of new/cancelled coverage, dependent documentation <p>* Must show plan member or spouse/domestic partner as parent</p> |
| Deleting a dependent | <ul style="list-style-type: none"> • <i>Spouse:</i> Death certificate or official divorce decree • <i>Domestic partner:</i> Death certificate or statement of dissolution of domestic partnership affidavit • <i>Biological, adopted, disabled or step child:</i> death certificate • <i>Legal custody:</i> Copy of signed court order no longer requiring insurance coverage, or copy of signed court order indicating change in legal guardianship • <i>Gaining/losing coverage elsewhere:</i> Proof of new/cancelled coverage |
| Enrolling in CareFirst BCBS POS | BCBS POS Primary Care Physician (PCP) Selection Form ⇒ <i>This form is not required for CareFirst BCBS POS Out-of-Area members or Medicare-eligible retirees</i> |
| Moving out of your plan's service area | Personal Data Form showing new address |
| Gaining/losing coverage elsewhere | Proof of new or cancelled coverage, plus any applicable dependent documentation (see above) |

You may enroll eligible dependents in your medical, prescription drug, dental and/or vision plans. If a dependent is no longer eligible (for example, your ex-spouse), remove him or her from your coverage since you must pay 100% of the claims expenses for any ineligible dependent who remains on the plan.

Can I enroll or maintain coverage for my...?

| | | |
|------------------------------------|---|------------|
| Spouse or Domestic Partner* | If we are legally married? | Yes |
| | If my domestic partner is registered with the County?* | Yes |
| | If we are divorced or the domestic partnership* has dissolved? | No |
| Children | Who are my biological, legally adopted, stepchildren, children of a domestic partner or children under my legal custody <i>and</i> who are: | |
| | • Under age 26? | Yes |
| | • Age 26 and over? (unless incapable of self support) | No |
| Relatives | Such as siblings, parents, grandparents, grandchildren, nieces and nephews? | No |

**Domestic partners:* For eligibility details, tax consequences and required documentation, review the Domestic Partner Enrollment packet at www.montgomerycountymd.gov/ohr and select the Forms tab; then select Health Insurance Forms under Employee Forms; go to General Forms.