

DEPENDENT BENEFITS ELIGIBILITY

The following are eligibility rules, guidelines and documentation requirements for enrollment of qualifying dependents in Cleveland State University's group benefit plans, including provisions of Federal legislation for adult children. Adult children can be covered under the Plan until they attain age 26, regardless of their student or marital status and regardless of whether they live at home or whether you support them.

DEPENDENT TYPE	Eligibility Requirement	Plan Coverage	Documentation Requirement
Spouse	Husband or wife of a covered employee	• Medical	 State issued marriage certificate Federal tax return issued within last 2 years Social Security Card
Same-Sex Spouse	Same gender husband or wife of a covered employee	• Medical	 State issued marriage certificate Federal Tax Return issued within last two years Social Security Card
Same-Sex Domestic Partner	A person of same gender who meets the following criteria: Shares a residence with an eligible employee for at least 6 months At least 18 years of age Is not related to the employee by blood to a degree of closeness that would prohibit legal marriage Listed as Domestic Partner on the most recent notarized CSU Affidavit of Domestic Partnership Is not in relationship solely for the purpose of obtaining benefit coverage Is not married or separated from any other person	• Medical	 Notarized Affidavit of Domestic Partnership Two proofs of joint ownership or joint residency issued within last 6 months Social Security Card
Dependent Child	Child related to a covered employee up to age 26 including: Biological child Adopted child Step child Legal Ward Child which employee or spouse of employee is legal guardian Child(ren) may be married, do not have to reside with parents, or be financially dependent upon them, and may be eligible to enroll in their employer's plan.	• Medical	 State Issued Birth Certificate Adoption Certificate Court ordered document of legal custody Social Security Card
Dependent Child (Same-Sex Domestic Partner)	Domestic Partner Child to age 26 with relationship to a covered employee: • The child of the employee's covered Same-Sex Domestic Partner: • Biological, adopted or legal ward	• Medical	 Required documentation for Same-Sex Domestic Partnership State Issued Birth Certificate Adoption Certificate Court Ordered Document of Legal Custody Social Security Card