



HUMAN RESOURCES DEPARTMENT
 4245 East Avenue
 Rochester, NY 14618

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 www.naz.edu

**ELIGIBILITY CERTIFICATION FOR
 DEPENDENT CHILDREN OF DOMESTIC PARTNERSHIP**

The eligibility requirements for dependent children of a domestic partner are as follows:

- Unmarried
- Chiefly dependent on the employee or employee’s domestic partner for support
- Children required to be covered under a Qualified Medical Child Support Order (as defined by ERISA) and
- Meet the age/school eligibility requirements of the specific plan:
 - under the age of 26 (under the age of 25 for major medical) and currently attending a college or university as a full-time student; or
 - under the age of 26 (under the age of 19 for major medical) and chiefly dependent on the employee or employee’s domestic partner for support

If you wish to enroll your domestic partner’s qualified dependent children in the participating benefit plans, please complete the following:

Name of Dependent Child	Date of Birth	Social Security Number
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I am applying for the following benefits for the children of my domestic partner:

				Name(s) of Dependent Children to be covered
<input type="checkbox"/> Health/Major Medical:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Dental Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Vision Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<input type="checkbox"/> AFLAC Cancer Financial Protection:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Flexible Spending Account:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<input type="checkbox"/> College Facilities Privileges:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Tuition Remission Program*:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Dependent Life Insurance**:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

*Must be claimed as a legal tax dependent on employee’s tax return to be eligible for this benefit
 **Must be an adopted child of the Nazareth employee to qualify for this plan and meet carrier age requirements
 (Child must be 14 days old to 19 years old or up to 25 years old if a full time student)

Signature of Employee	Date
Notary Seal and Signature	Date

TO BE COMPLETED BY HUMAN RESOURCES

Approved by Human Resources Declined by Human Resources

Director of Human Resources	Date
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