



CERTIFICATE OF ELIGIBLE DEPENDENT STATUS FORM

Employee/Retiree Name: _____ Last Four Digits of Your Social Security Number: _____

A list of Eligible Dependents under the Delaware River and Bay Authority (DRBA) plans appears on the reverse side of the form. Please review before completing this form.

For EACH NEW dependent you are enrolling in a health, dental and/or vision plan, you must complete the following certificate.

Dependent Name: _____

Date of Birth: _____ Social Security Number: _____ Gender: Male Female

Address (if different than yours): _____

- A. If this is your legal spouse, a person whom you are legally married, check here
- B. If this is your dependent child as defined under the DRBA plans, check here
Indicate below how the eligibility requirement for your dependent child is satisfied. Check only one box below.
- Age/Disability Requirement
 - Under age 26, or
 - A child at least age 26 who has been physically or mentally disabled and cannot support him or herself because of the disability
 - Relationship Requirement
 - Born to or legally adopted by you or your legal spouse (Birth Certificate or Adoption Order must be provided with this form), or
 - Has been placed in my home for legal adoption (Motion to Adopt must be provided with this form), or
 - Have been appointed a Legal Guardian (Guardianship Order must be provided with this form), or
 - Coverage provided pursuant to a Qualified Medical Child Support Order (QMCSO) determined to be valid by the Delaware River and Bay Authority Plan Administrator (QMCSO must be provided with this form.)

I certify that the person named above is an Eligible Dependent as defined under the DRBA plans.

I understand that:

- The Delaware River and Bay Authority may ask me to provide other evidence (proof) of my dependents' eligible status.
- Falsely certifying eligibility or *failing to inform the Delaware River and Bay Authority within 30 days of a dependent's loss of eligibility because he or she ceases to meet the definition of an Eligible Dependent is not permissible and will be addressed accordingly.*

I hereby authorize any necessary amounts, including any applicable federal, state, and local taxes, to be withheld from my paycheck or pension annuity for the coverage in which I have enrolled.

Employee's Signature

Date

You can either digitally sign this form by following the prompts online or you can print this page. In either case, the form must be signed and dated and submitted to the Benefits Office via inter-office mail or emailed to payroll.benefits@drba.net, as soon as possible.



Eligible Dependents

In addition to your **Legal Spouse**, your dependent children are eligible for certain benefit options.

Dependent children include you or your spouse's natural children, children adopted or placed for adoption, or children for whom you are the legal guardian, or you have received a Qualified Medical Child Support Order (QMCSO).

Dependent children are eligible until the end of the month in which they reach age 26 for Health (Medical & Prescription), Dental, and Vision. They are eligible only up to age 19 or up to age 26, if a full-time student, under the Supplemental Child Life and AD&D plan.

Disabled Dependent Child: If a dependent child is mentally or physically handicapped prior to reaching age 26, coverage may be extended beyond the age 26 limit. Please contact the Benefits Office to obtain forms and information.