

## **DEPENDENT ELIGIBILITY FOR HEALTH BENEFITS**

	Dependent Eligibility for Health Benefits	Coverage will end:
Spouse	The person who is legally married to the employee.	On the date of your spouse's death or at the end of benefit month in which you divorce
Civil Union Partner	<ul> <li>The person who has entered into a Civil Union of two eligible individuals of the same sex pursuant to NJ law</li> <li>Parties to a Civil Union shall receive the same benefits and protections and be subject to the same responsibilities as spouses in a marriage</li> </ul>	On the date of your partner's death or at the end of benefit month in which your partnership legally dissolves
Dependent Child	<ul> <li>Younger than age 26</li> <li>The natural born child or stepchild of you, your spouse or Civil Union Partner</li> <li>A child who is legally adopted by you, your spouse or Civil Union Partner</li> <li>A legal ward of you, your spouse or Civil Union Partner who resides with you in a regular parent-child relationship and is primarily dependent upon you for support and maintenance</li> <li>Older than 25 years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap. (Proof of the child's condition and dependence must be submitted to the medical carrier within 31 days after the date the child ceases to qualify</li> </ul>	Last day of the benefit month in which age 26 is reached Last day of the benefit month in which legal guardianship is terminated

For more information contact the Benefits Department at <u>benefits@shu.edu</u>