

**JEFFERSON FEDERATION OF TEACHERS
HEALTH AND WELFARE FUND**

DEFINITIONS AND REQUIRED DOCUMENTS

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)*
Spouse	An eligible Employee's spouse (this does not include a former spouse who is legally separated (as applicable) or divorced from the Employee.)	Copy of Marriage Certificate, driver's license, AND one of the following to show joint residency: <ul style="list-style-type: none"> • Proof that Employee and Spouse are both listed on a lease or share the rent of a home or other property (i.e. monthly bill) • Current billing statement for motor vehicle payment or other financial loan showing Employee and Spouse at same address • Most current utility bill listing both Employee and Spouse (or two separate utility bills, one listing the Employee and one listing the Spouse)
Biological Child under age 19	Natural born child, never married and who is dependent on Employee for support and maintenance	<ul style="list-style-type: none"> • Copy of Birth Certificate AND • Copy of legal acknowledgement of paternity signed by Employee if Employee is not listed as parent on Birth Certificate
Adopted Child under age 19	Dependent child, never married for whom Employee provides support and maintenance	<ul style="list-style-type: none"> • Copy of Birth Certificate AND • Court document signed by judge showing the Employee as adoptive parent; OR • International adoption documents from country of adoption; OR • Documents from the adoption agency showing intent to adopt
Child for whom Employee has been granted guardianship or legal custody	Dependent foster child or other child within Employee's legal custody for whom Employee provides support and maintenance	<ul style="list-style-type: none"> • Copy of Birth Certificate AND • Copy of signed legal judgment granting Employee legal guardianship or custody; OR • Evidence of a legitimate foster child relationship, identifying the foster child by name and setting forth all relevant aspects of the relationship
Stepchild	Never married dependent stepchild	<ul style="list-style-type: none"> • Copy of Birth Certificate AND • Marriage Certificate (indicating Employee's spouse is married to Employee)
Any of the above types of child who are 19-23 years old	Dependent child enrolled full time in accredited school, college or university	<ul style="list-style-type: none"> • Copy of Birth Certificate AND • Each semester, copy of school document indicating the number of credit hours
Child 19 years or older and incapable of self-support because of a mental or physical disability	Disabled child who was eligible as a Dependent on the day before his 19 th birthday and became disabled prior to turning 19	<ul style="list-style-type: none"> • Copy of Birth Certificate AND one of the following documents: <ul style="list-style-type: none"> • A copy of the completed Incapacitated Minor Form signed by your physician • Notice of Determination from the Social Security Administration • Treating physician's certificate of child's disability
Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order	Any recognized children you are required to cover under the Plan due to a Qualified Medical Child Support Order (QMCSO)	One of the following documents: <ul style="list-style-type: none"> • Copy of Birth Certificate • Court documents signed by a judge • Medical support orders issued by a State agency

* FOR ALL DEPENDENT TYPES, A COMPLETED VERIFICATION FORM FOR DEPENDENT ELIGIBILITY IS ALSO REQUIRED.

To obtain the proper documents for the Dependent Verification Audit:

<http://www.cdc.gov/nchs/w2w.htm>

<http://www.dhh.louisiana.gov/offices/?ID=252>

<http://www.dhh.louisiana.gov/offices/page.asp?id=252&detail=7915>