

Section IV If you are dropping an eligible dependent from your existing coverage, the effective date is the end of the month in which your Human Resources office receives the paperwork to drop the dependent. However, if a dependent becomes ineligible for coverage, his/her coverage ends at the end of the month in which he/she becomes ineligible, regardless of when your Human Resources office receives the paperwork.

If you are completing this form on or before your hire date, choose the date on which your dependent's coverage will take effect:

- Medical ___ Your hire date ___ 1st of the month following receipt of form in the HR office ___ Your employer contribution eligibility date
Optional ___ Your hire date ___ 1st of the month following receipt of form in the HR office ___ Your employer contribution eligibility date

If you are adding a dependent to your coverage after your hire date but within 60 days of employment/eligibility, choose an effective date:

- Medical ___ 1st of the month following receipt of form in the HR office ___ Your employer contribution eligibility date
Optional ___ 1st of the month following receipt of form in the HR office ___ Your employer contribution eligibility date

If you are adding a dependent within 60 days of a Change in Status, choose an effective date:

- ___ The date of the Change in Status. However, if this form is received in the Human Resources office after the Change in Status, the change will be effective the first of the month on or after the receipt of the form. If you choose this option, you must pay premiums for the entire month.*
___ 1st of the month following receipt of this form in the HR office

* Newborn coverage, if added through this form within 60 days of birth, is effective on the birthdate.

Section V This document serves as an affidavit that the dependent(s) you are adding to your Texas A&M University System benefit plan(s) meets the legal definitions of the eligible relationships described below. A dependent is a spouse or an unmarried child younger than age 25. For relationships 6, 7 and 8 (below): If no ending date for the relationship is specified in the legal document, coverage will end on the child's 19th birthday. Coverage also is available for physically or mentally disabled dependent children if the disability occurred before age 25.

Spouse: If I am adding my spouse to my coverage, I certify that our relationship meets one of the following definitions:

- 1. I have a valid marriage license that complies with the requirements of the Texas Family Code, or my spouse is a common-law spouse as defined in the Texas Family Code, which states: There are three essential elements of a common-law marriage: 1) an agreement presently to become husband and wife, 2) a living together pursuant to the agreement and cohabitation as husband and wife and 3) a holding out of each other to the public as husband and wife.

Child: If I am adding a child to my coverage, I certify that our relationship meets one of the following definitions:

- 2. Natural or Previously Adopted Child: I have a birth certificate for my child showing me to be his/her parent, or I have previously adopted the child.
3. Stepchild: I am in a "parent-child relationship" with the child. I understand that my stepchild is eligible for coverage whether or not he/she lives in my home.

For the following relationships, documentation is required:

- 4. Adopting a Child or Prospective Adopted Child: The child has been legally placed in my care by an authorized agency or placed in my home for the required "probationary period" before final adoption through an authorized agency, or I have received documents giving me temporary legal custody (documentation of legal custody is required). Authorized agency means a public social agency authorized to care for children or to place children for adoption, or a private association, corporation or person approved for that purpose by the Texas Department of Human Services through a license, certification or other means. (Texas Family Code, Parent-Child Relationship, Title 2, Chapter, 11.01, Section 7)
5. Grandchild: My grandchild is living in my household. Documentation required: proof of residency (school records, a federal or state benefit program, a court record or Texas driver's license). Recertification will be required annually.
6. Foster Child: The child was placed in my home by a licensed placement agency. Documentation required: placement document.
7. Legal Guardian: I am the person who, under court order, is the guardian of the child. (Texas Family Code, General Provisions, Chapter 51.02, Section 3) Documentation required: court order.
8. Managing Conservator: My relationship with the child is one of managing conservator appointed by court order. (Texas Family Code, Section 101.019) Documentation required: court order.

Certification and signature: I certify that I have read the legal definitions of the relationships that I am claiming in order to add/drop my dependent(s). I understand that I may be required to provide additional documentation. I further understand that should it be found that I have made a false statement in connection with my relationship to such dependent(s), my benefit coverage will be canceled and I may be prosecuted to the full extent of the law.

Payroll Deduction/Billing Agreement: I authorize The Texas A&M University System to deduct from my earnings the amount required to cover my share of the premiums for these coverages. If I am being billed, I understand that failure to pay my premium(s) will result in cancellation of coverage.

Release of Information: I understand that certain information collected by the A&M System, including some collected using this form, must be sent to the carriers of the plans in which I have enrolled. The A&M System and the insurance carriers will treat this information as confidential.

Employee/Retiree signature in ink (blue preferred): _____

Daytime phone number _____

Signature date (MM/DD/YYYY) grid

Signature date (MM/DD/YYYY)