

**ROCKFORD PUBLIC SCHOOLS DISTRICT #205
AGE 19 OR OVER DEPENDENT (CHILDREN) RULES**

A dependent, 19 years old or older, can only remain covered under our medical and dental insurance plans if:

1. They are a full-time student, or
2. They are a "Special Dependent."

Full-Time Student Definition:

An employee's unmarried child who is 19 years of age or older but less than 23 years of age, if the child is primarily dependent upon the covered employee for support and maintenance and is enrolled as a full-time student in college, secondary school, trade school or university in a recognized course of study or training.

For Full-time Students – Your Responsibility:

If your child will be a full-time student when he or she turns 19, you must provide the Benefits Department with proof of full-time student status each term (semester, trimester, quarter, etc.) in which your child is enrolled in school. A minimum of 12 semester credit hours is required to be considered a full-time student. You must provide proof every year by **August 31** (fall semester) and **December 31** (spring semester) for your dependent to continue coverage until age 23. If your student attends a college or university which has trimesters or quarters we will need proof for all of the terms of attendance during the academic year. Proof may be mailed or delivered to Rockford Public Schools, Benefits Department, 201 S. Madison Street, Rockford, IL 61104. Late enrollees into college who do not provide proof of full-time student status by the stated deadlines will not be allowed coverage under our medical and dental insurance plans.

Documentation accepted as proof of full-time student status:

- ✓ Class schedules
- ✓ Tuition invoices
- ✓ Transcripts
- ✓ Certification letter from college
- ✓ Other correspondence from the college is permissible if they meet the requirements below

The document must include the following items:

- ✓ Student Name
- ✓ School Name
- ✓ Number of Credit Hours or Full-time Status Listed
- ✓ Term or Semester

Please include on the document the employee's name & social security number.

Schedules taken from the Internet, transcripts, tuition invoices or other correspondence from the college are permissible if they meet the above requirements. No handwritten schedules will be accepted.

NOTE: If you fail to provide proof of full-time student status by the stated deadline, your dependent's health insurance will be terminated, and your dependent's medical and dental insurance claims will be denied.

If your dependent ceases to be a full-time student for any reason, you must notify the Benefits Department within 31 days of the change of full-time student status, by completing an Insurance Change Form. You will be responsible for any claims paid on his or her behalf after the loss of full-time student status.

“Special Dependent” Definition:

An individual who would meet all the requirements to be a dependent except for age, but who is incapable of earning his or her own living because of a permanent physical or mental disability. To establish the status of a “Special Dependent”, the employee must submit documentation establishing the individual's incapacity within 31 days of the date the “Special Dependent” would otherwise lose his or her status as a dependent under our medical or dental insurance plans.

For “Special Dependents”- Your Responsibility:

You must notify the Benefits Department within 31 days from the date your “Special Dependent” turns 19 years old. Upon your notification, you will be given a parent's form and a physician's certification form for completion. The Claims Administrator will determine if your child meets the classification of “Special Dependent.” If this determination is approved, your child will be eligible for the District's medical and dental plans. You may be required at any time in the future to re-document your child's incapacity, but not more often than once each year.

Please Note:

If your child does not meet the eligibility requirements of full-time student or “Special Dependent” status, he or she will be terminated on the last day of the month they turn 19 or at any other time he or she fails to meet the full-time student or Special Dependent status. Upon loss of coverage, as required by Federal law, COBRA information will automatically be mailed to your home. Please refer to the chart below for further information concerning termination dates for your dependent age 19 to 23.

| Age 19-23 Termination Date Chart | | |
|---|----------------------------------|--------------------------------|
| Dependent Classification | Applicable Age | Termination of Coverage |
| Non Student | Age 19 | Last day of birth month |
| High School Student | Age 19, (school term, 1/1-8/31) | Last day of school term 8/31 |
| High School Student | Age 19, (school term, 9/1-12/31) | Last day of school term 12/31 |
| College Student | Age 23 | Last day of birth month |
| Graduate | Age 19,20,21,22,23 | Graduation Date |
| Married | Any | Date of Marriage |
| Loss of Student Status | Age 19,20,21,22,23 | Date Student Status lost |
| Does not meet support requirement | Any | Date support requirement lost |