



Protect Your Benefits

If you or a family member commits fraud or deception in the use of services or facilities, you and/or your family members may risk having your coverage terminated.



Newport-Mesa
Unified School District

NEWPORT-MESA USD

HEALTH BENEFIT DEPENDENT ELIGIBILITY DOCUMENTATION

Spouse/Domestic Partner:

- Certified Copy of Marriage Certificate
- California Certificate of Domestic Partnership
- Social Security number

Child Birth to Twenty-Six (26) Years of Age:

- Any child from birth to twenty-six (26) years of age. Coverage will end at the end of the month the adult child turns twenty-six (26)
- Certified copy of Birth Certificate
- Social Security number
- Where applicable verified by legal adoption papers, court order guardianship, divorce decree.

Disabled Dependents Over Age Twenty-Six (26):

- CIGNA and KAISER Disabled Dependent Verification form to include child's physician explaining the diagnosis, providing relevant ICD9 Codes, extent of disability and prognosis.
- Certified copy of Birth Certificate
- Social Security number

Making Changes

Changes are only allowed during our Open Enrollment period each September unless there is a qualifying event such as:

- ❖ *Marriage or Certification of Domestic Partnership*
- ❖ *Birth or Adoption of a child*
- ❖ *Divorce*
- ❖ *Death of your spouse or covered child*
- ❖ *Change in your work status eligibility*
- ❖ *Loss of coverage under another group plan related to termination of employment by you or your spouse.*

You have 30 days from the qualifying event to notify Benefits Management.

To make any dependent changes log in at: www.nmusd.us/mybenefits