



PFLUGERVILLE INDEPENDENT SCHOOL DISTRICT

CRITERIA FOR QUALIFYING INDIVIDUAL COVERAGE UNDER GROUP HEALTH PLAN

Coverage for Qualifying Individual

A PfISD employee who is enrolled in the group health plan and who has not otherwise elected coverage under the group health plan for a “spouse” (as defined under Texas Law) may elect to cover one “qualifying individual” under the group health plan, provided the PfISD employee submits to the plan administrator appropriate documentation, as described herein. Each child (whether connected by birth, adoption or foster relationship, and whether married or unmarried) of a qualifying individual is also eligible for coverage under the group health plan until he or she has attained age 26, provided the qualifying individual is enrolled for coverage in the group health plan. No coverage shall be provided to the spouse of a qualifying individual’s child or to a step-child or grandchild of a qualifying individual.

Criteria of Qualifying Individual

A “qualifying individual” is an individual with respect to whom ALL of the following criteria are satisfied:

1. Have jointly shared the same regular and permanent residence for at least one year and can be documented by submitting one (1) document that is described in either category below:
 - a. A copy of the individual’s driver’s license, voter registration card or other government-issued identity card reflecting the same residential address as the PfISD employee.
 - b. A copy of a utility bill, telephone or cable bill designating the individual as a payor on the account and reflecting the same residential address as the PfISD employee.
2. The individual is not related to the PfISD employee as a grandparent, parent, aunt, uncle, cousin, sibling, niece or nephew (whether connected by birth, adoption, foster relationship, or statutory or common law marriage).
3. The individual is at least 18 years of age.
4. The individual is not a renter, boarder, tenant or employee of the PfISD employee.
5. The individual is directly dependent upon, or interdependent with, the PfISD employee, which must be documented by submitting documentation described in two (2) of the four categories below:

- a. A joint loan obligation, mortgage, or lease, or joint ownership of a vehicle.
- b. A life insurance policy, retirement benefits account, or will of the PfISD employee or individual designating the other as beneficiary thereto, or the will of the PfISD employee or the individual which designates the other as executor.
- c. A power of attorney granted to the individual for purposes of health care or financial management of the PfISD employee, or a power of attorney granted to the PfISD employee for purposes of health care or financial management of the individual.
- d. Proof of joint bank account or credit account, or proof that PfISD employee or individual has signatory authority over the other's bank or credit account.

Tax Consequences

Premium payments, unreimbursed medical expenses or dependent day care expenses for a qualified individual and their children may not be paid for through a Section 125 plan on a pre-tax basis.

Termination of Qualified Individual

The undersigned PfISD employee or qualified individual must provide written notice to the plan administrator of any changes in the declaration attested above within 30 days. The qualified individual will be terminated if they cease to meet the required criteria. After such termination, the employee understands that an application to add a qualifying individual cannot be filed earlier than one year after statement of termination is received by the plan administrator.

The undersigned understands that submitting false or misleading documentation or makes false or misleading representations to the group health plan may be subject to disciplinary action, up to and including termination of employment and loss of coverage under the group health plan (which may include retroactive cancellation of coverage) to the extent permitted under applicable law.

We affirm, under penalty of perjury, that the statements are true and correct.

Date: _____ By: _____
(Signature of PfISD employee)

(Please Print Name)

Date: _____ By: _____
(Signature of Qualifying Individual)

(Please Print Name)