



DEPENDENT ELIGIBILITY

Definitions and Required Documents

PARTNERS
FOR HEALTH

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the employee or retiree is legally married	If married less than 12 months, Documentation establishing Marital Relationship • Government-issued marriage certificate or license • Naturalization papers indicating marital status If married more than 12 months, Documentation establishing Marital Relationship • Government-issued marriage certificate or license • Naturalization papers indicating marital status AND one of the following documents: • Bank Statement issued within the last six months with both names; or • Mortgage Statement issued within the last six months with both names; or • Residential Lease Agreement within the current terms with both names; or • Credit Card Statement issued within the last six months with both names; or • Property Tax Statement issued within the last 12 months with both names; or • The first page of most recent Federal Tax Return filed showing “married filing jointly” or “married filing separately” with the name of the spouse provided. You may redact/black out financial information. If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility
Natural (biological) child under age 26	A biological child	The child's birth certificate (mother's copy for newborn); or Certificate of Report of Birth (DS-1350); or Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); or Certification of Birth Abroad (FS-545)
Adopted child under age 26	A child that has been adopted or has been placed with an employee or retiree for purposes of adoption	Final court order granting adoption; or International adoption papers from country of adoption; or Court order placing child in custody of member for purpose of adoption
Stepchild under age 26	A child of the employee's or retiree's spouse	Verification of marriage between employee/retiree and spouse (as outlined above) and proof of relationship: • Birth certificate of the child showing the relationship to the spouse, or • Documents determined by BA to be the legal equivalent
Disabled dependent	A dependent of any age who falls under one of the child categories above and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 26 and while covered under a state-sponsored plan.	• Certificate of Incapacitation for Dependent Child form must be submitted prior to the dependent's 26th birthday. • Additional documentation will be required to comply with any future review. The insurance carrier will review the form, make a determination and provide BA with documentation once a determination has been made. If approved for incapacity, the child will continue the same coverage.
Child under age 26 placed for guardianship, custody or conservatorship with the head of contract*	A child under age 26 for whom the head of contract is or has been the legal guardian, custodian or conservator.	• Valid order by a court of competent jurisdiction (placement order) establishing guardianship over or custody of the minor child AND an attestation signed by the HOC upon initial enrollment and upon request • After reaching age of majority, HOC must provide an updated attestation to continue participation.

*Head of contract is the person who elects coverage and has authority to change coverage elections.

Never send original documents. Please mark out or black out any Social Security numbers and any personal financial information on the copies of your documents BEFORE you return them.

Language/Communication Assistance. Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please request assistance by emailing benefits.assistance@tn.gov and FA.CivilRights@tn.gov or calling 800-253-9981. If you think you have been denied free language or communications assistance, please call 615-532-9617 for the F&A Civil Rights Coordinator or follow the F & A complaint procedures in F & A Policy No. 36. Non-Discrimination Policy and Complaint Procedure which is available at the following link: [Policy 36 - 10.24.2024 pdf](#)

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298)

Arabic

رفاوتت ٲيوغلل اءءءاسل اءاءء ن اء ءءلل رلءا ءءءءءءءء اءل ءءوءلءم
مءلبل او مصلل ءءءاء مءر) 1-866-576-0029 مءرب لءرءا. ناءلبل اءل
1-800-848-0298).

Chinese

注意：如果會說中文，則提供免費的語言協助服務。請致電
1-866-576-0029 (電傳打字機：1-800-848-0298)。

Vietnamese

CHÚ Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn.
Gọi 1-866-576-0029 (TTY: 1-800-848-0298).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용
하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0029)번으로 전화
해 주십시오.

French

ATTENTION : Si vous parlez français, des services d'aide linguistique
vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS :
1800-848-0298).

Laotian

ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ
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Amharic

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ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029
(መስማት ለተሳናቸው: 1-800-848-0298).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos
sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-
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Gujarati

સુચન: જો તમે ગુજરાતી બોલતા હો, તો ન:શિલ્ક ભાષા સહાય સેવાઓ
તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY: 1-800-848-0298).

Japanese

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Tagalog

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Hindi

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Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны
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Persian

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د ی ر ی گ ب س ا م ت (1-800-848-0298)