



Dependent Definitions and Required Documents

IF MAILING DOCUMENTATION, SEND PHOTOCOPIES ONLY. WE WILL NOT RETURN MATERIALS.

Below are the definitions of an eligible dependent according to The Railroad Employees National Health and Welfare Plan and the National Railway Carriers and United Transportation Union Health and Welfare Plan. When adding new dependents, please provide the information requested. **If there are forms mentioned in this notice that you need, you may go to www.yourtracktohealth.com and click on 'Understanding Your Coverage'. Select 'Forms' and print what is needed. If you need assistance, please call Railroad Enrollment Services at 1-800-753-2692.**

For Medical Benefits	
Dependent Definition	Required Materials
<p>Spouse <i>Ceremonial Marriage</i></p> <p>Your spouse, opposite or same sex spouse, is eligible.</p> <p>In regard to the same sex spouse, a marriage ceremony must have occurred in a state or foreign country that recognizes same sex marriages and issues a certificate of marriage.</p> <p>Domestic partners and/or civil union partners are not eligible for coverage.</p>	<p>Your spouse's Social Security Number</p> <p>A copy of the Marriage Certificate</p>
<p>Spouse <i>Common Law Marriage</i></p> <p>Your spouse, opposite or same sex spouse, is eligible.</p> <p>This is acceptable only if you live in a state that recognizes common law marriage.</p>	<p>Your spouse's Social Security Number</p> <p>A <i>Statement Regarding Common Law Marriage</i> – form signed by both parties, and an <i>Application for Coverage of Common Law Spouse</i> – form signed by both parties, and Proof of joint habitation, such as:</p> <ul style="list-style-type: none"> • A copy of a lease or mortgage in both parties' names, • A copy of a vehicle registration in both parties' names, or • A copy of last year's federal tax 1040 showing you filed a joint tax return

For Medical Benefits

Dependent Definition

Your Child Under 26

Your unmarried or married:

- natural child,
- stepchild,
- adopted child (including those placed with you for adoption), and
- any child who is an Alternate Recipient under a Qualified Medical Support Order.

Note: Your child does not need to be living with you in order to be eligible for coverage.

Important Notice: For an eligible natural and adopted child, medical coverage ends on the last day of the month in which the child turns 26 years of age. (For example: your child turns 26 years of age on January 15, 2015. Medical coverage will end at 12:00 am on February 1, 2015. Their last day of medical coverage is January 31, 2015).

For a step-child, medical coverage ends the day before their 26th birthday. (For example: your step-child turns 26 years of age on January 15, 2015. Medical coverage ends at 12:00 am on January 15, 2015. Their last day of medical coverage is January 14, 2015).

Required Materials

Natural Child or Stepchild

Your child's Social Security Number

A copy of the child's birth certificate identifying the parents

If you are not identified as a parent on the child's birth certificate, submit, in addition to the birth certificate, a paternity test showing you're the parent, or a court order declaring you are the parent.

In the case of a stepchild, records that show your spouse is the child's biological or adoptive parent. This would include the child's birth certificate or an adoption decree, accompanied by a marriage certificate or **Statement Regarding Common Law Marriage** form or a paternity test showing your spouse is the child's parent.

If you do not have a birth certificate for the child, you may submit a birth registration notice from the hospital, on hospital letterhead, acknowledging the birth of the child. This registration must include all of the following:

- Father's and Mother's names,
 -for your natural child, one of these names must be yours
 -for a stepchild, one of the names must be your spouse's name
- Child's name,
- Birth date,
- The signature of the attending physician or hospital official

Adopted Child

Your child's Social Security Number

A copy of the child's birth certificate or birth registration notice (see above) and either:

- A copy of the court order declaring the child's adoption. This decree must have a judge's signature or a court stamp showing it has been filed; or
- If the adoption is not finalized, a copy of the application for adoption signed by all parties and by a representative of the court or state agency handling the adoption certifying that the child has been placed with you for adoption.

For Medical Benefits

Dependent Definition	Required Materials
<p>Your Unmarried Grandchild Under 19</p> <p>Your <u>unmarried</u> grandchild under the age of 19 and</p> <ul style="list-style-type: none"> has their legal residence with you and is dependent for care and support mainly upon you and wholly, in aggregate, upon you, scholarships, and the like and government disability benefits and the like. <p>NOTE: A step-grandchild is not eligible for coverage under The Plan.</p>	<p>Your grandchild’s Social Security Number</p> <p>A copy of the grandchild’s birth certificate or birth registration notice and either:</p> <ul style="list-style-type: none"> A copy of the court order, if one has been issued, awarding guardianship of the child to the employee, or In the absence of a court order, a current federal tax statement claiming the dependent, or The <i>Statement of Child’s Unmarried Status, Residence and Dependency</i> form signed by you.
<p>Your Unmarried Grandchild between 19 & 25</p> <p>Important Notice: For a grandchild between 19 and 25, student verification is required for the continuation of medical coverage.</p> <p>Your <u>unmarried</u> grandchild between the ages of 19 and 25 and</p> <ul style="list-style-type: none"> has their legal residence with you and is dependent for care and support mainly upon you and wholly, in aggregate, upon you, scholarships, and the like and government disability benefits and the like. <p>The grandchild must also be:</p> <ul style="list-style-type: none"> A registered student in full-time attendance at an accredited school. <p>NOTE: A step-grandchild is not eligible for coverage under The Plan.</p>	<p>Your grandchild’s Social Security Number</p> <p>A copy of the child’s birth certificate or birth registration notice and either:</p> <ul style="list-style-type: none"> A copy of the court order, if one has been issued, awarding guardianship of the child to the employee, or In the absence of a court order, a current federal tax statement claiming the dependent, or The <i>Statement of Child’s Unmarried Status, Residence and Dependency</i> form signed by you. <p>You need to also submit any one of the following to show student status:</p> <ul style="list-style-type: none"> A copy of your student’s registration for the current semester, A copy of your student’s class schedule for the current semester, A letter from the school’s registrar office certifying full-time enrollment or A receipt for tuition for the current semester <p>The documentation must show:</p> <ul style="list-style-type: none"> Student’s name, The number of credit hours for which your child is enrolled. The semester for which the student is enrolled, and The name of the school.

For Medical Benefits

Dependent Definition	Required Materials
<p>Your Unmarried Disabled Child or Grandchild</p> <p>Your <u>unmarried</u> child age 26 or over, or your <u>unmarried</u> grandchild age 19 or over who:</p> <ul style="list-style-type: none"> • Are wholly dependent on you for care and support , mainly upon you and wholly, in aggregate, and upon themselves, you, your spouse, and government disability benefits and the like, and • Has a permanent physical or mental condition that began prior to age 19 and • Are unable to engage in regular employment, and • Has their legal residence with you. <p>NOTE: A step-grandchild is not eligible for coverage under The Plan.</p>	<p>Your child’s or grandchild’s Social Security Number</p> <p>The same documents listed for “Your Children Under 26” or “Your Unmarried Grandchild Under 19” to show the parent-child relationship and</p> <ul style="list-style-type: none"> • A Physician’s Statement of Disabling Condition form completed and signed by your child’s Physician

For the Continuation of Dental and Vision Benefits

If you are eligible to participate in the National Dental Plan and National Vision Plan, full-time student information is required to maintain coverage under these Plans.

Dependent Definition	Required Materials
<p>Student Status</p> <p>For your <u>unmarried</u> child or grandchild (between 19 and 25 years of age) who is:</p> <ul style="list-style-type: none"> • A registered student in full-time attendance at an accredited school, and • Is dependent for care and support mainly upon you, and wholly, in aggregate, upon himself/herself, you and scholarships and the like, and • Has his/her legal residence with you. <p>NOTE: A step-grandchild is not eligible for coverage under The Plan.</p>	<p>Your child’s or grandchild’s Social Security Number</p> <p>You need to submit any one of the following to show student status:</p> <ul style="list-style-type: none"> • A copy of your student’s registration for the current semester, • A copy of your student’s class schedule for the current semester, • A letter from the school’s registrar office certifying full-time enrollment or • A receipt for tuition for the current semester <p>The documentation must show:</p> <ul style="list-style-type: none"> • Student’s name, • The number of credit hours for which your child is enrolled. • The semester for which the student is enrolled, and • The name of the school.