



## GENERAL INFORMATION

### Eligible Dependent

(Appropriate documentation must be attached.)

The term "dependent" includes the following individuals subject to appropriate documentation such as a Social Security number, marriage certificate, birth certificate, court decree, etc.

1. Your spouse (excludes divorced spouse).
2. A child under age 26, only if the child is:
  - a. your son or daughter. (A court decree establishing paternity will be temporarily effective for 60 days, at which time an amended birth certificate listing the father's name will be due.)
  - b. a child legally adopted by you or your spouse,
  - c. your stepchild,
3. Your grandchild, niece or nephew
  - a. under 19 years of age, and
  - b. for whom the court has granted custody to you or your spouse
4. An incapacitated dependent over age 25 will be considered for coverage provided dependent:
  - a. is unmarried,
  - b. is permanently mentally or physically disabled or incapacitated,
  - c. is so incapacitated as to be incapable of self-sustaining employment,
  - d. is dependent upon you for 50% or more financial support,
  - e. is otherwise eligible for coverage as a dependent except for age,
  - f. the condition must have occurred prior to the dependent's 26<sup>th</sup> birthday, and
  - g. is not eligible for any other group health insurance benefits.

Neither a reduction in work capacity nor inability to find employment is, of itself, evidence of eligibility. If a mentally or physically disabled dependent is working, despite his disability, the extent of his earning capacity will be evaluated.

To apply, contact the LGHIB to obtain an Incapacitated Dependent Certification Form. Final approval of incapacitation will be determined by Medical Review. Proof of disability must be provided to the LGHIB within 60 days from the date the child would cease to be covered because of age.

NOTE: The LGHIB reserves the right to periodically re-certify incapacitation.

Exception: There are two situations under which it may be possible to add an incapacitated dependent who otherwise meets the eligibility requirements except for age:

1. When a new employee requests coverage for an incapacitated dependent within 60 days of employment; or
2. When an employee's incapacitated dependent is covered under a spouse's employer group health insurance for at least 18 consecutive months and:
  - a. the employee's spouse loses the other coverage because:
    - spouse's employer ceases operations, or
    - spouse's loss of eligibility due to termination of employment or reduction of hours of employment, or
    - spouse's employer stopped contribution to coverage,
  - b. a change form is submitted to the LGHIB within 30 days of the incapacitated dependent's loss of other coverage, and
  - c. Medical Review approved incapacitation status.

The above requirements must be met as a minimum threshold in order to be considered for incapacitation status. The LGHIB shall make the final decision as to whether an application for incapacitated status will be accepted.

NOTE: The LGHIB reserves the right to periodically re-certify incapacitation.

**Exclusion:** You may not cover your spouse or other dependents if they are insured or if they are eligible to be insured as an active employee in the Local Government Health Insurance Program.

**LOCAL GOVERNMENT HEALTH INSURANCE BOARD  
POST OFFICE BOX 304900  
MONTGOMERY, ALABAMA 36130-4900  
(334) 263-8326 • 1-866-836-9137 • FAX: (334) 517-9778**