PEBB DEPENDENT ELIGIBILITY REVIEW

CHILD AND GRANDCHILD BY AFFIDAVIT

MINI TRAINING
GRANDCHILD BY AFFIDAVIT
GRANDCHILD BY AFFIDAVIT

LEGAL DEFINITION:

OAR101-010-0005

(23) "GRANDCHILD AFFIDAVIT" MEANS A NOTARIZED DOCUMENT THAT ATTESTS A GRANDCHILD OF AN ELIGIBLE EMPLOYEE, SPOUSE, OR DOMESTIC PARTNER MEETS THE ELIGIBILITY CRITERIA FOR PEBB GRANDCHILD COVERAGE AS DEFINED IN OAR 101-015-0011(1)(C).

OAR 101-015-0011(1)(C)

C) THE BIOLOGICAL CHILD OF AN ELIGIBLE DEPENDENT CHILD OF AN ELIGIBLE EMPLOYEE, SPOUSE, OR DOMESTIC PARTNER (A GRANDCHILD BY AFFIDAVIT) AND MEETS ALL THE FOLLOWING CRITERIA:

GRANDCHILD BY AFFIDAVIT

EASY TO UNDERSTAND DEFINITION:

✓ CHILD’S PARENT HAS PEBB HEALTH COVERAGE THROUGH THE ELIGIBLE EMPLOYEE; AND

✓ CHILD’S PARENT WILL NOT BE OLDER THAN 26; AND

✓ CHILD’S PARENT IS UNMARRIED AND WITHOUT A DOMESTIC PARTNER; AND

✓ CHILD’S PARENT AND THE GRANDCHILD LIVE IN THE HOUSEHOLD OF THE ELIGIBLE EMPLOYEE; AND

✓ CHILD’S PARENT AND THE GRANDCHILD ARE THE ELIGIBLE EMPLOYEE’S IRS TAX DEPENDENTS (EVERY YEAR).
GRANDCHILD BY AFFIDAVIT

EXAMPLE:

- Jane Doe is the eligible state employee.
- Jane covers her biological child(ren) on her PEBB health insurance. Jane’s child is Sara.
- Sara is not married, has no domestic partner and is not yet 26 years old. Sara lives with her mom Jane. Sara had twins named John and Kate Doe.
- Jane (eligible employee) can cover baby John and Kate on her PEBB insurance. By filling out the grandchild by affidavit form Jane is attesting that both Sara, John and Kate are her IRS tax dependents.
- Jane will be asked every year to provide her tax info for the dependent eligibility review to show both Sara, John and Kate are her IRS tax dependents.
ADDING A GRANDCHILD BY AFFIDAVIT

THE EMPLOYEE CAN ADD A GRANDCHILD ONE OF TWO WAYS:

1. DURING OPEN ENROLLMENT; OR
2. WITH A QUALIFYING EVENT MID-YEAR
ADDING DURING OPEN ENROLLMENT

BY NOVEMBER 7\textsuperscript{TH} – THE MEMBER MUST FILL OUT AND SUBMIT TO THEIR PAYROLL DEPARTMENT, THE GRANDCHILD BY AFFIDAVIT FORM.

FAILURE TO SUBMIT BY THE REQUESTED DUE DATE, RESULTS IN THE GRANDCHILD BEING REMOVED FROM THE MEMBERS PEBB INSURANCE.
AGENCIES/UNIVERSITIES WHO RECEIVE THE GRANDCHILD BY AFFIDAVIT

WHAT DO YOU NEED TO DO?

➢ WHEN YOU RECEIVE THE GRANDCHILD AFFIDAVIT YOU CAN ENTER THE AFFIDAVIT DATES (THERE ARE TWO OF THEM) IN THE
  ▪ DEPENDENT RECORD

➢ DATES NEED TO BE ENTERED BY NOVEMBER 15TH PLEASE AND THANK YOU!
### ENTERING DATES

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ADDING DATES

- AFFIDAVIT/ADOPTION EFFECTIVE DATE – DATE OFF OF THE AFFIDAVIT FORM (DATE IT WAS SIGNED AND NOTARIZED).

- AFFIDAVIT EXPIRATION DATE – IS THE DATE WHEN MOM (SARA) LOSES HER ELIGIBILITY, WHICH WOULD BE ON HER 26TH BIRTHDATE.

**OAR/RULE**: CHILD’S PARENT HAS PEBB HEALTH COVERAGE THROUGH THE ELIGIBLE EMPLOYEE; **AND** CHILD’S PARENT WILL NOT BE OLDER THAN 26.
ADDING A GRANDCHILD DUE TO A QUALIFYING EVENT

QUALIFYING EVENT = BIRTH OF THE GRANDCHILD

MEMBER NEEDS TO SUBMIT THE FOLLOWING DOCUMENTS TO THEIR PAYROLL/BENEFIT OFFICE:

1. MID-YEAR CHANGE FORM; AND

2. GRANDCHILD BY AFFIDAVIT (WHICH NEEDS TO BE NOTARIZED)
AGENCIES/UNIVERSITIES WHO RECEIVE THE GRANDCHILD BY AFFIDAVIT

WHAT DO YOU NEED TO DO?

- ADD THE GRANDCHILD AS A DEPENDENT; AND
- ENTER THE AFFIDAVIT DATES (THERE ARE TWO OF THEM).

Relationship Type: Grandchild by Affidavit
Gender: Male
Birth Date: 07-26-2017
Affidavit/Adoption Effective Date: 07-31-2017
Affidavit Expiration Date: 08-14-2021
Same Address as Subscriber: Yes
ODS Waiting Period Start Date: 
Issue Entity (County/Court):
WHAT DOES THE GRANDCHILD BY AFFIDAVIT FORM LOOK LIKE?
CHILD BY AFFIDAVIT OF DEPENDENCY
AKA: CHILD BY AFFIDAVIT
CHILD BY AFFIDAVIT OF DEPENDENCY

LEGAL DEFINITION:

OAR101-010-0005


OAR 101-015-0011(B)

(B) A CHILD BY AFFIDAVIT INCLUDES BUT NOT LIMITED TO A FOSTER CHILD, GRANDCHILD, CHILD PLACED FOR ADOPTION, OR COURT ORDERED PLACEMENT OF A CHILD WHO LIVES IN THE HOUSEHOLD OF THE ELIGIBLE EMPLOYEE, AND IS THE ELIGIBLE EMPLOYEE’S IRS DEPENDENT. THE EMPLOYEE MUST PROVIDE COURT ORDERED DOCUMENTATION OF GUARDIANSHIP AND THE NOTARIZED AFFIDAVIT OF CHILD DEPENDENCY UPON ENROLLMENT. THE EXCEPTION WOULD BE NEWBORNS OR ADOPTED CHILDREN WHO ARE AUTOMATICALLY COVERED AS AN ELIGIBLE PEBB INDIVIDUAL THE FIRST 31 DAYS FROM BIRTH OR PLACEMENT WITHOUT DOCUMENTATION AND AFFIDAVIT IN PLACE. THE AFFIDAVIT AND DOCUMENTATION MUST BE ON FILE THE FIRST OF THE MONTH FOLLOWING THE EVENT DATE IN ORDER TO MEET ELIGIBILITY AND CONTINUE COVERAGE UNDER THE PEBB PLANS. COVERAGE ENDS THE LAST DAY OF THE MONTH IN WHICH THE COURT ORDERED GUARDIANSHIP ENDS OR AGE 18, WHICHEVER COMES FIRST. AN ELIGIBLE EMPLOYEE MAY NOT ADD A CHILD BY AFFIDAVIT AGE 18 OR OLDER TO PEBB COVERAGE UNLESS THEY CAN PROVIDE COURT ORDERED DOCUMENTATION FOR RESPONSIBILITY OF THE CHILD BEYOND THE AGE OF 18.
CHILD BY AFFIDAVIT

EASY TO UNDERSTAND DEFINITION:

✓ COURT ORDERED PLACEMENT OF A CHILD (OR A CHILD PLACED FOR ADOPTION) WHO LIVES IN THE HOUSEHOLD OF THE ELIGIBLE EMPLOYEE; AND

✓ IS THE ELIGIBLE EMPLOYEE’S IRS TAX DEPENDENT; AND

✓ CHILD IS NOT 18 OR OLDER, UNLESS OTHERWISE SPECIFIED IN THE COURT ORDER OR ADOPTION PLACEMENT PAPERWORK.
CHILD BY AFFIDAVIT

EXAMPLE:

- DAN DOE IS THE ELIGIBLE STATE EMPLOYEE.

- DAN AND HIS SPOUSE JANET JUST GOT COURT ORDERED GUARDIANSHIP OF DAN’S NEPHEW AND WANT TO COVER HIM ON DAN’S PEBB INSURANCE.

- THE NEPHEW (JOE SMITH) IS 4 YEARS OLD.
ADDING A CHILD BY AFFIDAVIT

THE EMPLOYEE CAN ADD A CHILD BY AFFIDAVIT ONE OF TWO WAYS:

1. DURING OPEN ENROLLMENT; OR

2. WITH A QUALIFYING EVENT MID-YEAR
ADDING DURING OPEN ENROLLMENT

**By November 7th** – The member must fill out and submit to their payroll department, the child by affidavit of dependency form **and** submit it with their court ordered guardianship paperwork.

Failure to submit all of above by the requested due date, results in the child being removed from the members PEBB insurance.
AGENCIES/UNIVERSITIES WHO RECEIVE THE CHILD BY AFFIDAVIT FORM

WHAT DO YOU NEED TO DO?

- MAKE SURE YOU HAVE THE ACCOMPANYING COURT ORDERED GUARDIANSHIP PAPERWORK.

- ENTER THE AFFIDAVIT DATES (THERE ARE TWO OF THEM) IN THE DEPENDENT RECORD

- DATES NEED TO BE ENTERED BY NOVEMBER 15TH PLEASE AND THANK YOU!
## ENTERING DATES

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<th>Value</th>
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<td>09-12-2019</td>
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ADDING DATES

• AFFIDAVIT/ADOPTION EFFECTIVE DATE – DATE OFF OF THE AFFIDAVIT FORM (DATE IT WAS SIGNED AND NOTARIZED).

• AFFIDAVIT EXPIRATION DATE – IS THE CHILD’S 18TH BIRTHDAY.

**OAR/RULE:** CHILD IS NOT 18 OR OLDER. UNLESS OTHERWISE SPECIFIED IN THE COURT ORDER OR ADOPTION PLACEMENT PAPERWORK.
ADDING A CHILD BY AFFIDAVIT DUE TO A QUALIFYING EVENT

QUALIFYING EVENT = ADDITION OF THE CHILD BY AFFIDAVIT

MEMBER NEEDS TO SUBMIT THE FOLLOWING DOCUMENTS TO THEIR PAYROLL/BENEFIT OFFICE:

1. MID-YEAR CHANGE FORM; AND
2. CHILD BY AFFIDAVIT FORM (WHICH NEEDS TO BE NOTARIZED) AND
3. COURT ORDERED GUARDIANSHIP PAPERWORK.
AGENCIES/UNIVERSITIES WHO RECEIVE THE GRANDCHILD BY AFFIDAVIT

WHAT DO YOU NEED TO DO?

➢ ADD THE CHILD BY AFFIDAVIT AS A DEPENDENT; AND

➢ ENTER THE AFFIDAVIT DATES (THERE ARE TWO OF THEM).
WHAT DOES THE CHILD BY AFFIDAVIT FORM LOOK LIKE?

Affidavit of Child Dependency

Use this affidavit to secure court-ordered guardianship for a dependent child. Examples include, but are not limited to, a foster child, a grandchild or a child for whom a court has assigned you guardianship, and a child placed for adoption. See the Summary Plan Description for more information: www.portlandoregon.gov/PEBB/26263

- Newly Eligible Employees, Newly Hired Employees, and Active Employees requiring a midyear change: You must submit the enrollment form or Midyear Change form. This affidavit is an optional benefit in your agency's benefit program. Your agency will not receive coverage.

- Open Enrollment: You may enroll your child through the online system. The child's enrollment will take effect only if you submit this affidavit to your agency during open enrollment or within seven days following the close of open enrollment.

- If the child is 18 or older, the child will not receive coverage unless there is a court order documenting the child's dependency beyond the age of 18.

Submit completed affidavit and copy of court-ordered documentation to your agency payroll or university benefits office along with the appropriate enrollment form or within 5 business days.

Contact information (You must complete all fields)

PEBB Benefit Member (P####), ORB University ID or Letter ID

Last name  First name  Middle  Agency  Gender

Contact address  Check if new address  Apartment #  City  State  ZIP

Residence ZIP code  Work ZIP code  Personal email (optional)

Date of birth (mm/dd/yyyy)  Work phone  Home phone (optional)

Dependent child information (You must complete all fields)

Last name  First name  Middle  Date of birth (mm/dd/yyyy)

Relationship to you  Date of initial legal responsibility (mm/dd/yyyy)  Date legal responsibility ends (mm/dd/yyyy)

I certify that I have court-ordered guardianship of the individual named on this affidavit and that the individual named on this affidavit is my tax-decendent. And, I have provided this documentation to my payroll department.

Employee Signature and Authorization

I declare that the individuals listed on this affidavit are eligible for the coverage requested. I understand the benefit elections made on this application are irrevocable for as long as I continue to meet PEBB's eligibility requirements, or until I elect to change them subject to the provisions of PEBB's plan. I have read the benefit materials and understand the limitations and qualifications of the PEBB benefit program. If necessary, I authorize premium payments deducted from my wages. I understand that:

- A person knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines.

- Knowingly making a false statement may subject me to termination of employment, denial of new enrollment, or civil damages.

- If I fail to report a change that made an enrolled family member ineligible, PEBB may terminate my family's member's coverage retroactively, pursuant to PEBB rules.

- You must submit a midyear change form to your benefit office within 30 days of the date when an individual under coverage is no longer PEBB eligible. If your notice is late, you and your qualified beneficiaries may lose the right to elect CORBA.

- This affidavit superscedes all forms and submissions I previously made for PEBB coverage for individuals named.

Employee signature: __________________________ Date: __________

Notary Stamp

State of: ______________________, County of: ______________________

Sworn and subscribed before me this __________ day of ________, 20__

Signature of Notary Public: __________________________

Official title: __________________________
COURT ORDERED DOCUMENTS

THINGS TO LOOK FOR:

1. THE COURT AND COUNTY ARE LISTED. IN THIS EXAMPLE IS FROM THE CIRCUIT COURT OF MARION COUNTY.

2. SIGNED OR STAMPED BY THE JUDGE OR COURT.

3. PLAINTIVE(S) AND RESPONDENT(S) ARE LISTED.

4. SENTENCES ARE NUMBERED.
EXAMPLE OF WHAT NOT TO ACCEPT

Minor (Child) Power of Attorney Form

This power of attorney document for a minor child was created and signed in the County of Lane, State of Oregon with the parties to agree as follows:

The Minor: The power of attorney document will vest certain rights to make parental or guardian decisions on behalf of the Minor (Hereinafter known as the “Minor”).

Principal: The following individual is appointed as the Principal:

Known as: [Name]

Attorney: The Principal hereby appoints: [Name] as the Attorney, who shall be the Minor’s grandfather with a mailing address of [Address] and referred to as the “Attorney-in-Fact”.

The Principal hereby delegates the Attorney-in-Fact to: [List of powers delegated]

The powers granted shall include, but are not limited to:

- [Explain powers in detail]

The document shall commence on [Date]

The document shall terminate in not more than 5 months on [Date]

In addition, this minor’s attorney shall terminate at anytime by the Principal completing a written revocation of the power of attorney form.

Acceptance by Attorney-in-Fact

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such signature does hereby affirm that: [A] accept the appointment; [B] understand the duties under the Power of Attorney and under the law.

Attorney-in-Fact’s Signature
QUESTIONS?

CONTACT INFORMATION:

PEBB.DEPENDENTELIGIBILITY@STATE.OR.US

SHEILA.C.CLAUSEN@STATE.OR.US

WORK PHONE – (503) 378-6615

MEMBER SERVICES – (503) 373-1102