

The following chart is intended to provide a clear and concise description of who may be classified as an eligible dependent. The Summary Plan Description (SPD) for each plan provides full eligibility details for the plan. If you need an additional copy of the SPD, you may request it from BPC.

Relationship	Eligibility Description	Required Documentation
Health or Dental: Spouse	The term "Spouse" means the individual recognized as the covered Employee's husband or wife under the laws of the state where the Employee lives or was married. A Spouse is determined without regard to the sex of the Employee or Spouse.	<p>Option 1:</p> <input type="checkbox"/> Copy of 2017 Federal Tax Return showing spouse (Front and signature pages only)
		<p>Option 2:</p> <input type="checkbox"/> Marriage certificate; AND <input type="checkbox"/> Proof of Joint Ownership dated within 60 days (e.g. joint bank statement, credit card, mortgage, lease agreement, etc.)
Health Coverage: Child (age 25 or under), including <i>step-child, adopted child</i> , and a child for whom <i>legal guardianship</i> has been established	<p>The term "Child" means any natural-born children and legally adopted children whether or not such children live with the Employee. Step-children are eligible as long as a natural parent remains married to and resides with the Employee.</p> <p>A covered Employee's Child is eligible from birth to the limiting age of 26 years. When the Child turns 26, coverage will end on the last day of the calendar year. A Child's eligibility is determined without regard to student status, marital status, financial dependency, or residency.</p> <p>Any child of an employee who is an alternate recipient under a qualified medical child support order shall be considered as having a right to Dependent coverage under this Plan.</p>	<p>For a natural-born child:</p> <input type="checkbox"/> Birth certificate
		<p>For a step-child:</p> <input type="checkbox"/> Birth certificate; AND <input type="checkbox"/> Proof of marriage to a natural parent (see required documents for Spouse above).
		<p>For adopted child:</p> <input type="checkbox"/> Amended birth certificate naming Employee as parent; OR <input type="checkbox"/> Copy of adoption papers
		<p>Court-ordered coverage for dependent:</p> <input type="checkbox"/> Final Court Order with presiding judge's signature; OR <input type="checkbox"/> Qualified Medical Child Support Order (QMSCO) showing date of birth
Dental Coverage: Child (age 25 or under), including <i>step-child, adopted child</i> , and a child for whom <i>legal guardianship</i> has been established	<p>Some children may be eligible dependents for purposes of health insurance, but fail to be eligible for purposes of dental coverage. The term "Child" for purposes of dental coverage means your child (natural-born, step-child or adopted) who is (i) under age 26; (ii) dependent on you for support; and (iii) residing with you (or be enrolled as a student at an accredited school).</p> <p>Any child of an employee who is an alternate recipient under a qualified medical child support order shall be considered as having a right to Dependent coverage under this Plan.</p>	<p>For all children:</p> <input type="checkbox"/> Documentation listed above in the Health Coverage Section; AND <input type="checkbox"/> Copy of 2017 Federal Tax Return (Front and signature pages only); AND <input type="checkbox"/> <i>For children 18 years of age or older</i> , proof of residency (established by any of the following: Letter from school showing child's address, OR a copy of dependent's state ID, OR a copy of dependent's driver's license)
Health or Dental: Disabled Child (age 26+)	The term "Disabled Child" means a covered Child who reaches the limiting age (26 years old) and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried.	<input type="checkbox"/> Birth certificate; AND <input type="checkbox"/> Physician letter with a Statement of Total and Permanent Disability, completed and signed by the dependent's physician; AND <input type="checkbox"/> Copy 2017 Federal Tax Return (Front and signature pages only); AND <input type="checkbox"/> Copy of Supplemental Security Income (SSI) award, if eligible.