

Dependent Grandchild Certification

FOR UT BENEFITS COVERAGE

Please print clearly and make sure to sign and submit this form to your institution Human Resources/Benefits Office. Keep a copy for your records. You may refer to the UT Benefits plan guides and Cost Worksheet for premiums and details at <http://utbenefits.link>

SUBSCRIBER / DEPENDENT INFORMATION		
Employee / Retiree Name (Last, First, Middle)	Benefits ID (BID)	
Name of Child (Last, First, Middle)	Date of Birth (MM / DD / YYYY)	Gender of Child Male <input type="checkbox"/> Female <input type="checkbox"/>
<p>By submitting this form, I certify that the child named above is my grandchild and is eligible for coverage under the University of Texas (UT) System Group Insurance Program because the child is:</p> <ul style="list-style-type: none"> • Under the age of 26; • Check all applicable criteria <p><input type="checkbox"/> 1. The child was claimed as a financial dependent on my federal income tax return in the previous tax year AND I will continue to claim this child on my federal income tax return for every year that I continue enrollment for the child; OR</p> <p><input type="checkbox"/> 2. The child is my financial dependent, but was not claimed as a dependent on my tax return for the previous tax year because:</p> <p><input type="checkbox"/> (a) The child was born in the current calendar year; but the child will be claimed on my federal income tax this year AND for every year the child is enrolled; OR</p> <p><input type="checkbox"/> (b) I took over parental responsibility for the child in the current calendar year; but the child will be claimed on my federal income tax this year AND for every year that I continue enrollment of the child.</p> <p>If you have marked #1 above, a copy of your federal tax return from the last tax year must be submitted along with this form. If you have marked #2(a) or (b), a copy of your federal tax return for the current tax year must be submitted to your institution's Human Resources/Benefits Office within 31 days of its initial tax filing next year.</p> <p>I understand that by signing this form, I am agreeing to notify my institution Human Resources/Benefits Office in writing within 31 days after the above-named child is no longer eligible for coverage as a dependent grandchild, including my failure to declare this individual on my federal tax return as dependent or if any individual other than myself represents this child as their dependent for federal income tax purposes. I understand that the furnishing of false information or the failure to notify my institution of any changes in dependency status may result in the denial of coverage, repayment of any benefits paid during any period where the individual was not eligible for dependent grandchild coverage and, as applicable, referral for disciplinary sanctions. I further understand that the UT System Group Insurance Program and/or this institution reserves the right to require grandchild dependency eligibility re-certification annually or to audit the continued eligibility of plan participant at any time without prior notice.</p> <p style="text-align: center;"><i>Signature is required to complete this application (Section continued on page 2)</i></p>		

ACKNOWLEDGEMENT

STATE GOVERNMENT PRIVACY POLICY

With few exceptions, you are entitled to request and to receive and review under Sections 552.021 and 552.023 of the Texas Government Code (the Texas Public Information Act), information that UT System Administration or another UT System institution collects and retains about you. Under Section 559.004, you are entitled to have incorrect information that is retained about you corrected. You can obtain information about how to request access to such information at:

www.utsystem.edu/ogc/openrecords/access.htm

NOTICE ABOUT SOCIAL SECURITY NUMBERS (SSNs)

Federal law requires the University of Texas System to report income information and the SSN for all employees to whom compensation is paid. Employee’s SSNs are also maintained and used for payroll and benefits and verification purposes as required and permitted by state and federal law. Nonemployee SSNs are requested for use and disclosure for benefits and verification purposes as permitted by state and federal law.

GRANDCHILD CERTIFICATION

By enrolling your Grandchild you certify you understand the definition of a Grandchild and acknowledge that misrepresentation by an Employee or Retired Employee of benefit eligibility requirements constitutes a violation of OEB official policy and a violation of The University of Texas System Rules and Regulations of the Board of Regents, Series 31013(1). Possible sanctions for such a violation range from a reprimand to dismissal. A Subscriber who enrolls an ineligible Grandchild in program coverage may be responsible for reimbursement of prior premiums or claims incurred by the Grandchild. A verified misrepresentation by an Employee or Retired Employee shall be reported by OEB to the appropriate institution for investigation and possible sanctions. Deliberate misrepresentation of Grandchild eligibility by a Subscriber may constitute criminal fraud and result in a referral to a law enforcement office.

DEFINITION OF GRANDCHILD

An eligible Grandchild is:

- under age 26;
- qualifies and is claimed as your dependent for federal tax purposes.

A dependent who is covered under any plan for which the Grandchild already receives a premium sharing contribution from the State of Texas is not eligible for premium sharing under the UT Benefits program. This includes any Employee, Retiree or Dependent coverage under another University of Texas or Texas A&M plan, and any plan offered by a Texas state agency, and certain public school district.

By signing this form, I agree to timely pay for all coverages set forth on this form in which I have elected to enroll and to otherwise comply with the UT System Group Insurance Program rules and Texas Insurance Code Chapter 1601. I also confirm that: all information I have provided on this form is correct to the best of my knowledge; and, that I have read and understand all of the notices provided on this form.

Signature of Employee / Retiree	Date Signed
Signature of HR Representative	Date Signed

This application MUST be signed and submitted to your institution Human Resources/Benefits Office for processing. Submission of application does not guarantee enrollment. You may be required to complete an Insurance Enrollment form, Evidence of Insurability, or other documentation.