

145-4-02

Definition of "eligible dependent" for health care coverage.

(A) For the purpose of determining eligibility for dependent health care coverage offered by the retirement system that commences on or after January 1, 2005:

(1) "Primary benefit recipient" means any individual receiving an age and service retirement or disability benefit who subscribes to a health care plan offered by the retirement board under section 145.58 of the Revised Code, or, for PERS retirants employed under section 145.38 of the Revised Code, a retirant receiving coverage of benefits in accordance with division (D)(2) of section 145.38 of the Revised Code;

(2) "Eligible dependent" means either of the following:

(a) The primary benefit recipient's spouse who establishes a marriage by a valid marriage certificate;

(b) The primary benefit recipient's biological or legally adopted child who has never been married and to whom one of the following applies:

(i) Is under age eighteen, or under age twenty-two if the child is attending an institution of learning or training pursuant to a program designed to complete in each school year the equivalent of at least two-thirds of the full-time curriculum requirements of such institution;

(ii) Regardless of age, is adjudged physically or mentally incompetent prior to the limiting ages described in division (A)(2)(b)(i) of this rule.

(c) The primary benefit recipient's grandchild for whom the primary benefit recipient has been ordered to provide for the health care coverage of the grandchild pursuant to section 3109.19 of the Revised Code.

(B) The surviving spouse of a retirant who dies after retirement may enroll the retirant's eligible dependent in health care coverage for so long as the surviving spouse subscribes to a health care plan offered by the retirement board and the eligible dependent continues to meet the requirements described in division (A)(2)(b) of this rule.

(C) Notwithstanding division (A) or (B) of this rule, on or after October 9, 2000, a child of a retirant who dies after retirement may be eligible for dependent health care coverage provided the child meets the requirements described in division (A)(2)(b) of this rule, and all of the following are satisfied:

(1) The retirant selected a plan of payment described in division (B)(2)(b), (B)(2)(c) or (B)(2)(d) of section 145.46 of the Revised Code or section 9.03(e)(2)(ii), 9.03(e)(2)(iii), or 9.03(e)(2)(iv) of the combined plan document;

(2) A child of the retirant was designated as the retirant's beneficiary under the plan of payment and survives the retirant;

(3) Biological or legally adopted child not designated by the retirant as the retirant's beneficiary was covered for dependent health care coverage prior to the retirant's death.

(D)

(1) The retirement system may request appropriate documentation to confirm a dependent's eligibility for health care coverage.

(2) Failure to provide the documentation required to substantiate a dependent's eligibility shall result in the denial or withdrawal of health care coverage for such individual.

(E) An eligible dependent described in division (A)(2)(a) of this rule shall cease to be an eligible dependent on the first day of the month following the date of the final hearing in an action for divorce or dissolution from the primary benefit recipient.

(F) The primary benefit recipient shall promptly inform the retirement system, in writing, not later than thirty days after the failure of any eligible dependent to qualify for health care coverage under this rule, that such eligible dependent is no longer qualified for health care coverage.

Effective:

R.C. 119.032 review dates:

Certification

Date

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