

145-4-64

Eligibility for health care coverage for the medicare-eligible dependents and survivors of this system's members and retirants during public employment.

- (A) Except as provided in rule 145-4-68 of the Administrative Code, the health care coverage described in paragraph (B) of rule 145-4-62 of the Administrative Code may be available to medicare-eligible survivor benefit recipients who are public employees upon application on a form provided by the system and received by the system not later than sixty days after public employment commences.
- (B) The primary benefit recipient, or surviving spouse of an age and service retirant or member, who is enrolled in the health care coverage described in paragraph (A) of this rule, may enroll an eligible dependent in the coverage while the dependent continues to be eligible under rule 145-4-09 of the Administrative Code.
- (C) A spouse of a primary benefit recipient shall cease to be eligible for health care coverage on the first day of the month following the date of the final decree of divorce or dissolution from the primary benefit recipient.
- (D) An eligible dependent described in paragraph (B) of rule 145-4-09 of the Administrative Code shall cease to be eligible for health care coverage on the first day of the month following the dependent's twenty-sixth birthday. An eligible dependent described in paragraph (C) of rule 145-4-09 of the Administrative Code shall cease to be eligible for health care coverage on the first day of the month following the eighteenth birthday of the primary benefit recipient's child who is the parent of the primary benefit recipient's enrolled grandchild.
- (E) Upon the death of a primary benefit recipient, any individual who would have been treated as an eligible dependent of the primary benefit recipient but for the recipient's death shall be treated as an eligible dependent of the primary benefit recipient for purposes of this chapter until the individual reaches the age limitation set forth in rule 145-4-09 of the Administrative Code.
- (F) A benefit recipient shall inform the retirement system, in writing, not later than thirty days after an eligible dependent no longer meets the requirements of this rule.
- (G) The retirement system may require a benefit recipient to certify the status of an individual as an eligible dependent for purposes of health care coverage. Failure to provide certification within sixty days of the request by the retirement system shall result in the denial or withdrawal of health care coverage for such individual until the next annual health care open enrollment period.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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