



STATEMENT OF DEPENDENCY

This form is to be completed by the employee requesting insurance coverage for a common law spouse or domestic partner (if elected by the co-op) and for children under age 26 who are adopted, stepchildren or for whom the employee has been appointed legal guardian. Please see the Dependent Relationship Key on page 2 of this form. Unanswered questions and missing information will cause a delay in coverage.

Member Information					
MEMBER ID	MEMBER NAME	MEMBER CITY	COUNTY	STATE	ZIP

Participant Information				
Social Security No.	LAST NAME	FIRST NAME	MI	SUFFIX

Select One	Event Section	Event Date
<input type="checkbox"/> Status Change <input type="checkbox"/> Marriage <input type="checkbox"/> New Child in Family <input type="checkbox"/> Annual/Initial Enrollment <input type="checkbox"/> New Hire/Rehire		

Dependent Data Information

Please list the applicable dependent(s) and select the "Relationship" from the Dependent Relationship Key on page 2 and check the desired coverages.

RELATIONSHIP	GENDER	DATE OF BIRTH (MM/DD/YY)	SSN #	LAST NAME	FIRST NAME	MI	SUFFIX	
								<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> SPOUSE LIFE <input type="checkbox"/> CHILD LIFE <input type="checkbox"/> FAMILY AD&D
								<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> SPOUSE LIFE <input type="checkbox"/> CHILD LIFE <input type="checkbox"/> FAMILY AD&D
								<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> SPOUSE LIFE <input type="checkbox"/> CHILD LIFE <input type="checkbox"/> FAMILY AD&D

Special Conditions

- For legally adopted children and children placed for adoption, provide the following: Application Date: _____ Date Adoption Final: _____ Approved coverage for children *placed* for adoption will not extend past 12 months from the Application Date. To continue coverage beyond 12 months, we must receive an updated Statement of Dependency form that includes the date adoption was final.
- Recognition of Common Law Spouses is subject to the requirements of the state in which the common law marriage was established. Date Marriage was formed: _____ (see page two for list of states).
- Recognition of Domestic Partners only if co-op has elected the option and the registered domestic partner of a co-op employee is part of an officially registered domestic partnership, as certified by the State, County or City in which the employee resides and/or in which the co-op is located. Domestic Partners are not eligible for Spouse Life or Family AD&D.

Employee Attestation

I, the employee, hereby attest that the information on this form is complete and true, and I understand that it will be relied upon as evidence of eligibility for the coverage(s) I am requesting under the NRECA Group Benefits Program (Program). I understand that I may be required to provide copies of certain documentation to support the eligibility of my dependent(s) for coverage. The required documentation may include, but will not be limited to, affidavits, domestic partner registrations, adoption documentation, divorce decrees and court orders. I also understand that I am responsible for reporting immediately any changes in the relationship of my dependent(s) to me. In the event that my dependent(s) are later found to be ineligible for the coverage(s) requested, coverage will be rescinded, and the Program will seek to recover any claims that may have been paid on the ineligible dependent's behalf. I understand that the Program will routinely audit eligibility for coverage and that I will be asked at that time to provide supporting documentation.

Also, I understand that in the event that my dependent(s) is hospital- or house-confined on the coverage approval date, the effective date of Child Life, Spouse Life and Family AD&D coverage will be postponed until his/her release and his/her resumption of normal activities.

I authorize my employer to deduct the required contributions from my pay for the coverage(s) requested in this form, and this authorization continues in effect until the coverage(s) is withdrawn as a result of a qualified life event, employment event or during the annual enrollment period.

PARTICIPANT'S SIGNATURE:	DATE:
FOR COOPERATIVE OFFICE USE ONLY	
BENEFITS ADMINISTRATOR SIGNATURE:	DATE:



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Dependent Relationship Key

Use the key below to indicate the dependent's relationship to the applicant on page 1.

A = Adopted child ST = Stepchild G = Guardianship CM = Common Law Spouse DP = Domestic Partner

How To Submit Form

Mail this form to:

NRECA
Attn: Employee Benefit Services
P.O. Box 6338
Lincoln, NE 68506

OR

Fax this form to:

NRECA
Attn: Employee Benefit Services
Fax: 402-483-9362

Common Law Marriage

Below is a list of the only states that recognize the establishment of a common law marriage as of the date this form was published. Please keep in mind that each state has specific requirements regarding what constitutes a common law marriage. For example, simply sharing the same residence is not sufficient to constitute a common law marriage in any of the states below. Please contact the Member Contact Center at 866.673.2299 if you would like more details surrounding your state's requirements.

Alabama
Colorado
District of Columbia
Georgia (if formed before 1/1/1997)
Idaho (if formed before 1/1/1996)
Iowa
Kansas
Montana
Ohio (if formed before 10/10/1991)
Oklahoma (if formed before 11/1/1998)
Pennsylvania (if formed before 1/1/2005)
Rhode Island
South Carolina
Texas
Utah