

*Central Susquehanna Region
School Employees' Health & Welfare Trust*

Dependent Eligibility Notification

Dear

Central Susquehanna Trust is committed to providing excellent insurance coverage to its members. When ineligible dependents are enrolled in the school district plans, costs increase for everyone. The Central Susquehanna Trust expects your employer to collect documentation to confirm eligibility for all dependents enrolled in the medical plan.

Attached is a Certification of Eligibility form. Please review the dependent eligibility requirements listed on the certification form to determine if your dependents are eligible under the plan.

Please complete and return the Certification form along with the required documentation to your employer's benefits staff member. If you do not have the required documentation, please refer to the attached Guide for Obtaining Documents which provides helpful tips on obtaining the necessary documentation.

All documentation must be received by

If you have any questions, please contact your benefits staff member @

Thank you for your cooperation.

All information collected will be kept confidential and follow HIPAA rules and requirements.

c/o CSIU, 90 Lawton Lane
Milton, Pennsylvania 17847-9756
570-523-1155, ext. 2308
FAX 570-523-1668
www.cstrust.org

Central Susquehanna Region School Employees' Health & Welfare Trust

Guide for Obtaining Documents

The internet is a great resource for information on obtaining copies of certificates that you are unable to locate in your files. Below are a few helpful tips on obtaining the necessary documentation.

MARRIAGE/BIRTH CERTIFICATE

To gather information on obtaining a marriage or birth certificate from the state in which you were married and/or child was born:

- Go to <http://www.cdc.gov/nchs/w2w.htm>
- Click on the appropriate state
- Information on the cost and where to obtain the certificates appear.
- Websites are listed for the state offices or you may send a written request to the address listed to request a copy of the record

BIRTH CERTIFICATE

U.S. Citizen

Contact the Vital Statistic office of the state, city, county or municipality where the birth took place or visit the website above to see a list of each state's issuing offices, contact information, phone numbers and a list of requirements.

Fees for certificates vary by state or territory and payments are due by check or money order. Make requests in person or by mail. If applying in person, provide a legal, valid photo I.D. If you do not know the original state of the birth, apply in person to the Vital Statistics office nearest you for assistance. Turnaround times vary by office.

Information needed to obtain a certified birth certificate include:

- Full name of the person whose record is requested
- Sex of the person whose record is requested
- Parents' names, including maiden name or mother
- Month, day and year of birth or death
- Place of birth (city or town, county, and State, name of hospital, if known)
- Purpose of which copy is needed
- Relationship to the person whose record is requested • Daytime telephone number with area code

U.S. Citizen Born Abroad

If you have at least one American parent, contact the U.S. Department of State for a copy of a Consular Report of Birth Abroad. Additional information on the information required to obtain a copy and the costs may be found at: http://travel.state.gov/passport/get/first/first_825.html.

If your parents are foreign and you were born overseas, contact the foreign consular of your home country. A complete list of foreign consular offices is available at Bureau of Consular Affairs.

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Certification of Eligibility
Central Susquehanna Trust
School District

Please review the dependent eligibility requirements below to determine if your dependent is eligible under the plan:

Employee's spouse, children up to age 26 (includes stepchildren, children legally placed for adoption, children appointed by order of court, and legally adopted children), and dependent children who are age 26 and older with a physician certificate of disability.

I am providing the following documentation for review to confirm the eligibility of my spouse and/or dependent(s) enrolled in the plan:

For spouse:

Marriage License

Name: _____

Spouse's Date of Birth: _____

For biological child:

State Issued Birth Certificate*

Name(s): _____

For adopted child:

Adoption Certification

Name(s): _____

For step-child:

Birth Certificate and

Marriage License

Name(s): _____

For legal custody child:

Qualified Medical Child

Support Order

State Issued Birth Certificate*

Name(s): _____

For handicapped dependent child

Physician Certification of Disability and

State Issued Birth Certificate*

Name(s): _____

I have read and understand the definition of dependent. I have enrolled or will be enrolling my dependents listed above in the plan. I certify that all of the dependents listed above are eligible for coverage in accordance with the above definition of dependent.

NAME OF EMPLOYEE: _____

SIGNATURE: _____

EMPLOYEE DATE OF BIRTH: _____

DATE: _____

EMAIL ADDRESS: _____

* Birth Certificates must show name of parents so that a clear dependent determination can be made. If no parents are listed, please request a copy with parents listed.

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