

## Instructions for Plan Members

# Written Verification Required for Your Dependents

You and the state of Louisiana pay dearly for health insurance benefits for yourself and your dependents. Although most OGB plan members have listed only **eligible** dependents, some **ineligible** dependents are covered as well.

To deter fraud and abuse and assure the proper use of public funds and plan members' premium dollars (including yours), OGB now joins the majority of public and private health benefit programs by requiring **proof** that the dependents you now cover or want to add are your actual legal dependents.

If you are an active plan member, you must provide proof of the status of each covered dependent to your agency (or school board). If you are a retiree, you must send copies of your information directly to OGB.

*Dependent verification* means forms and legal documents used to determine validity of a covered person's dependent. This includes but is not limited to a marriage license, a birth certificate, provisional or permanent legal custody documents, a legal acknowledgement of paternity and adoption records.

**Please review this information carefully. If you fail to comply with these requirements, coverage for your dependents will be terminated.**

### *Categories of Dependents and Documents Required as Proof*

Here is a list of categories of dependents and the proof you must present to cover or continue to cover your dependent(s):

1. **Spouse**
  - Certified copy of marriage license indicating date and place of marriage
2. **Never-married child under age 21 who is dependent on you for support**
  - a) **Natural or legally adopted child of plan member**
    - Certified copy of birth certificate listing plan member as parent or certified copy of legal acknowledgment of paternity signed by plan member or certified copy of adoption decree naming plan member as adoptive parent
  - b) **Stepchild**
    - Certified copy of marriage license to spouse and birth certificate listing spouse as natural or adoptive parent

- c) **Child placed with your family for adoption by agency adoption or irrevocable act of surrender for private adoption who lives in your household and/or will be included as dependent on your federal income tax return for current or next tax year**
- Certified copy of adoption placement order showing date of placement or copy of signed and dated irrevocable act of surrender
- d) **Child for whom you have been granted guardianship or legal custody, including provisional custody, who lives in your household and/or will be included as dependent on your federal income tax return for current or next tax year**
- Certified copy of signed legal judgment granting you legal guardianship or custody
- e) **Grandchild for whom you do not have legal custody or guardianship but who is dependent on you for support and whose parent is a covered dependent**
- Certified birth certificate or adoption decree showing parent of grandchild is dependent child and certified copy of birth certificate showing dependent child is parent of grandchild
3. **Never-married child over age 21 but under age 24 years of age, who is enrolled and attending classes as a full time student and is dependent on you for support**
- Proof as described in 2. a) through d) above
  - Must also submit letter from registrar as proof of full-time student status within 30 days of start date of each semester/quarter
4. **Never-married child age 21 or older who is incapable of self-sustaining employment due to mental retardation or physical incapacity who was covered prior to age 21**
- Proof as described in 2 a - d above
  - Must also apply for continued coverage prior to age 21 and provide supporting medical documentation
  - Must provide additional medical documentation of child's condition periodically upon request by OGB

### ***No Questions/No Penalty Grace Period***

During April 2008, active employees and retirees can voluntarily remove any current dependents from coverage with no questions asked. No inquiry will be made about the authenticity of the dependents. No penalty will be assessed and OGB will not ask the plan member to repay payments made for premiums or claims paid for any ineligible dependent dropped from coverage by April 30, 2008.



State of Louisiana  
**Office of Group Benefits**  
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### **OGB Customer Service Offices**

#### **Alexandria**

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Alexandria, LA 71301  
318.487.5731  
800.813.1578

#### **Lafayette**

825 Kaliste Saloom Rd.  
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Lafayette, LA 70508  
337.262.1357  
800.414.6409

#### **New Orleans**

3421 N. Causeway Blvd.  
Suite 400  
Metairie, LA 70002  
504.838.5136  
800.335.6208

#### **Baton Rouge**

7389 Florida Blvd.  
Suite 400  
Baton Rouge, LA 70806  
225.925.6625  
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#### **Lake Charles**

710 W. Prien Lake Rd.  
Suite 109  
Lake Charles, LA 70601  
337.475.8052  
800.525.3256

#### **Monroe**

1400 N. 19th St.  
Monroe, LA 71201  
318.362.3435  
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#### **TDD (hearing-impaired)**

225.925.6770  
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