Enroll in Insurance Benefits

New Hire

Rehire
Minnesota Management and Budget

Notice of Collection of Private Data

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, your obligation to provide the data, and the result of providing or not providing the requested data.

What data will we use?

We will use the data you provide us, as well as data previously provided to us, about yourself, your spouse, or your dependent(s). If you provide any data that is not necessary, we will not use it for any purpose.

Why do we ask you for this data?

We ask for this data so that we can successfully administer state employee insurance benefits. This data is used to process your request to add, change, or drop coverage for yourself and your spouse or dependents. The requested data also helps us determine eligibility, to identify, and to contact you and your spouse and dependents. Data is used to administer programs, develop new programs, determine if programs are properly managed and meet member needs, and comply with federal and state laws and rules.

Do you have to answer the questions we ask?

You are not required to provide any of the data, but, certain data must be collected, or we may be unable to administer the programs or provide you your benefits.

What will happen if you do not answer the questions we ask?

If you do not provide the requested data, you or your spouse and dependent(s) may not be approved to participate in a program or may lose coverage under the program or the participation may be delayed.

Who else may see this data about you and your spouse and dependents?

We may give data about you, your spouse, and dependents to the insurance carrier you have chosen, SEGIP’s other representatives, vendors, and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, rule, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used?

We can use or release this data only as stated in this notice or as allowed under law unless you give us your written permission to release the data for another purpose or release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data, or to use it for another purpose.
Getting Started

Congratulations on becoming an employee of an agency of the State of Minnesota! One of the perks of working for us is our highly coveted insurance benefits. With some of the lowest rates and a wide network of health care providers, the State Employee Group Insurance Program (SEGIP) is a valuable part of your total compensation.

These instructions are intended to help you successfully enroll in insurance benefits and guide you through the election process.

Detailed information about the benefits offered is available on the SEGIP website at [mn.gov/mmb/segip/](http://mn.gov/mmb/segip/).

Gather the information needed to complete your enrollment

- These enrollment instructions for reference.
- Your Personal Enrollment Form. The benefits you are offered, and the cost of those benefits are listed on this form.
- The legal name(s), social security numbers (SSN), date of birth and verification documents for all enrollees. Definitions of eligible dependents and acceptable verification documents are included in these instructions.
- Your employee ID number and Self Service password if you are enrolling electronically.

Know your Deadline

Your elections must be submitted by whichever is later:

- the date shown on your Personal Enrollment Form or
- 30 days from the print date on the bottom of your Personal Enrollment Form.

Paper elections must be received in the SEGIP office by the deadline. No exceptions.

Elections made in Self Service must be submitted, saved, and accepted by the deadline.

If you take NO action by your deadline: You will be automatically enrolled in the benefits defined below without the opportunity to choose your preferred medical plan. If you do not enroll during the new hire enrollment period, you will not be able to enroll any dependent(s) in coverages until the next Open Enrollment or until you experience a qualifying life event.

<table>
<thead>
<tr>
<th>Employer Contribution Amount</th>
<th>Automatic Benefits Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>Single medical insurance</td>
</tr>
<tr>
<td></td>
<td>Basic life insurance</td>
</tr>
<tr>
<td>Partial</td>
<td>Basic life insurance</td>
</tr>
<tr>
<td>No contribution</td>
<td>None</td>
</tr>
</tbody>
</table>

Effective date

Most coverages are effective on the 31st day of employment. Coverage requiring evidence of insurability is effective immediately after underwriting approval.
**Pretax Effective Date**

The effective date of the pretax accounts is always prospective of your enrollment; retroactive coverage is prohibited. For further information, see the applicable sections for Medical Dental Expense Account (MDEA), Dependent Care Expense Account (DCEA), and Transit Expense Account (TEA).

**Premiums**

Premiums are shown as semi-monthly amounts on your Personal Enrollment Form. Premiums are withheld from the paycheck following completion of your enrollment. Employer contributions are applied to medical insurance, dental insurance, and basic life insurance for employees eligible for employer contribution and are based on contract plans and labor agreements.

- There may be a delay in withholdings depending on the timing of your enrollment and the pay period end date.
- You may see back-charges based on the effective date and enrollment of your insurance.
- Review your upcoming paycheck(s) to verify premium deductions.
- Premiums are calculated using 24 pay periods. The third paycheck of a month will not include regular premium deductions. (Does not apply to back charges.)

**Waiving Medical Insurance**

- If you are eligible for the full employer contribution:
  - Submit your Personal Enrollment Form with your complete elections. You may waive your health coverage by submitting a Waiver of Medical Coverage Form ([https://mn.gov/mmb-stat/segip/doc/Waiver_of_medical_coverage_form.pdf](https://mn.gov/mmb-stat/segip/doc/Waiver_of_medical_coverage_form.pdf)) and proof of other health coverage by your deadline.
- If you are eligible for a partial employer contribution:
  - You may waive medical coverage without showing proof of other coverage by submitting your elections in Self Service or on your Personal Enrollment Form.
- If you waive medical coverage now you may enroll in it during the annual Open Enrollment or upon a qualified life event. You may still enroll in other coverages at this time.

Check with your agency’s Human Resources department or SEGIP if you do not know the employer contribution level you will receive.

**Steps for a successful enrollment**

1. Review the SEGIP Website ([mn.gov/mmb/segip](http://mn.gov/mmb/segip)) for information about your insurance benefits. The Find a Clinic tool should be used to locate your preferred Primary Care Clinic (Primary Care Provider ID).
2. Review the Your Employee Benefits booklet found on the SEGIP website. It explains the insurance benefits you have been offered.
3. Review your Personal Enrollment Form: Use this as a guide to complete your enrollment in Employee Self Service for the benefits you have been offered.
4. Use Employee Self Service ([mn.gov/selfservice](http://mn.gov/selfservice)) to enter your elections.
   a. You will need your employee ID and password to access this system.
5. Add dependents, if applicable. This will determine your coverage level: employee only or family coverage.

**Enroll in medical insurance**

Select your medical plan administrator.
• Elect medical coverage in the MN Advantage Health Plan: The state offers its employees medical coverage through the MN Advantage Health Plan. You may choose one of three plan administrators (BlueCross BlueShield, HealthPartners, or PreferredOne) to administer medical insurance for you and/or your family.

• Helpful Info: The MN Advantage plan uses a cost level structure. The cost level determines the amount of out-of-pocket costs you will pay. Understanding this may help you select a carrier.

Select a Primary Care Clinic using the Find a Clinic tool and note the clinic number (Primary Care Provider ID) to complete your enrollment.

You can choose a different Primary Care Clinic for each dependent at different cost levels, but you must choose the same plan administrator.

**Waive medical insurance**

You **MUST** enroll in medical insurance even if you want to waive medical coverage. If you waive medical coverage now, your next opportunity to enroll will be during the annual Open Enrollment period or upon a qualified life event. You may still enroll in other coverages at this time.

**Notes about waiving medical coverages** if you receive the full employer contribution:

• To enroll in Employee Self Service, you **MUST** choose a medical plan administrator and include a PCC number even if you choose to **WAIVE** medical coverage. The Waiver of Medical Insurance form is linked in the medical benefit window.

• Complete and submit the Waiver of Medical Coverage form (available on our website and linked in Self Service when making Medical Insurance Elections) by your deadline.

Proof of other insurance **MUST** be received by SEGIP within the 30-day deadline.

**IMPORTANT**: Waiving coverage is not finalized until acceptable, validation documents are received and approved by SEGIP.

**Enroll in dental insurance**

Choose a dental insurance plan administrator.

• The state offers its employees dental coverage through the State Dental Plan. You may choose one of two plan administrators (Delta Dental – Group 216 or HealthPartners dental) to administer dental insurance for you and/or your family.

• The coverage level offered is based on dependents. You may choose employee only or family coverage by including or excluding dependents.

**Waive dental insurance**

If you do not enroll in (waive) dental coverage now, your next opportunity to enroll will be during the annual Open Enrollment period (dental is generally offered to make changes every other year) or upon a qualified life event.

**Enroll in vision insurance**

• The state offers its employees vision coverage through the Blue Cross Vision Plan in partnership with Davis Vision.

• The coverage level offered is based on dependents. You may choose employee only or family coverage by including or excluding dependents.
• This coverage is fully employee paid.

Waive vision insurance

If you do not enroll in (waive) vision coverage now, your next opportunity to enroll will be during the annual Open Enrollment period or upon a qualified life event.

Basic life insurance

• Basic Life insurance is included and based on your salary and your union agreement or compensation plan up to $95,000.
• Option: Basic Life 50K Max. The value of employer paid life insurance over $50,000 is taxable according to IRS Publication 15B. Selecting this option will cap your Basic Life at $50,000 if your annual salary is greater than $50,000 and you do not wish to pay income taxes on the premium amount over $50,000.

Manager’s Income Protection Plan (IPP)

The Manager’s Income Protection Plan (IPP) is a combined life insurance and disability benefit. You can waive the amount in excess of fifty thousand dollars ($50,000) to limit tax liability by selecting Managers 50K Plan A or Plan B.

If you are in the Managerial Plan, you have these options:

Managers IPP Plan A

Employer paid life insurance benefit equal to one-and-one half times (1 ½) your annual salary. Includes employer paid disability coverage.

• Employer paid disability coverage with an elimination period of one hundred fifty days (150) days.
• You have the option of choosing disability coverage with a decreased elimination period of thirty (30), sixty (60), ninety (90) or one hundred and twenty (120) days.

Managers IPP Plan B

Employer paid life insurance benefit equal to two (2) times your annual salary. Employer contribution is not calculated for disability coverage and is fully employee responsibility.

• No employer paid disability coverage.
• You have the option of choosing disability coverage with an elimination period of thirty (30), sixty (60), ninety (90), one hundred and twenty (120) days, or one hundred fifty (150) days.

Enroll in employee paid optional coverages

Employee Additional Life

• Employee Additional Life is in addition to the Basic Life Plan/Manager Life Insurance Plan. You can elect up to two times (2x) your base salary without Evidence of Insurability.

Employee Accidental Death and Dismemberment (AD&D)

• Employee coverage may be elected in $5,000 increments, up to the plan maximum of $200,000.
**Spouse Life**

- You can elect up to $10,000 of coverage for your spouse.
- If you and your spouse or another family member are employed by the state, or another organization participating in the SEGIP, none of the eligible members may cover the other as a dependent for Life or AD&D insurances if both are benefits eligible.

**Spouse Accidental Death and Dismemberment (AD&D)**

- Coverage amount may not exceed employee AD&D.
- If you and your spouse or another family member are employed by the state, or another organization participating in the SEGIP, none of the eligible members may cover the other as a dependent for Life or AD&D insurances if both are benefits eligible.

**Child Life**

- One premium insures all your eligible children.
- If two State of MN employees are married and have children in common, only one of them can cover their eligible children.

**Short-Term Disability (STD)**

- Managers have separate disability coverage included in the Manager’s IPP and are not eligible for STD coverage.
- You do not have to provide evidence of good health when you apply for STD at this-time. However, if you apply for STD later, you will be required to show evidence of good health which is subject to underwriting approval.

**Long-Term Disability (LTD)**

- Long Term Disability has a two-year pre-existing condition clause.
- Managers have separate LTD coverage included in the Manager’s IPP.

**Flexible Spending Accounts (FSA) or pretax benefits**

**Medical/Dental Expense Account (MDEA)**

**Dependent Care (Daycare) Expense Account (DCEA)**

Elections made for the MDEA and DCEA are effective the later of the event date or the first day of the pay period in which SEGIP receives your completed Personal Enrollment Form. Elections cannot be made retroactively.

**Transit Expense Account – Parking (PKEA)**

**Transit Expense Account – Bus Pass/Vanpool (BVEA)**

Elections made for the PKEA and BVEA are effective the later of the event date or the first day of the pay period after SEGIP receives your completed Personal Enrollment Form. Elections cannot be made retroactively.

**Note:**
• Transit expenses may be automatically withheld by your agency through payroll, and the Transit Expense Account is not necessary.
• If you have been rehired following a break in State service of thirty (30) days or less, you CANNOT change your previous MDEA election unless a qualified life event occurred within that time period.
• It is important to consider the number of remaining pay periods when making pretax election to avoid unexpected payroll deductions.
Submit your benefit elections:

- **Employee Self Service – preferred method**
  - Log into Employee Self Service at [mn.gov/selfservice](http://mn.gov/selfservice).
  - **SUBMIT**, save, and accept your elections to complete your enrollment.
  - Print your Benefits Confirmation Statement and **SAVE** it for your records.

  You can confirm your benefit selections one day after you have submitted your elections in Self Service.

  1. Log into Employee Self Service at [mn.gov/selfservice](http://mn.gov/selfservice).
  2. Click on Benefits, Insurance, then, Benefits Summary.
  3. Enter your benefits effective date, then, select the calculate cost button to see your elected benefits along with your rates.

- **Scan and email forms** to segip.mmb@state.mn.us. **SAVE** the sent confirmation for your records.
- **Fax forms** to our secure fax line at (651) 797-1313 and save a confirmation showing receipt by SEGIP for your records.
- **Mail forms** to:
  
  Minnesota Management and Budget/SEGIP
  
  400 Centennial Building
  
  658 Cedar Street
  
  St. Paul, MN 55155

Once you have accepted your benefit elections, prepare your dependent eligibility verification attestation (DEVA) documents. You will receive a letter requesting documents within one week after confirming your accepted enrollments. Contact SEGIP if you don’t receive the letter.

**IMPORTANT:** Dependent coverage enrollment is not finalized until verification documentation has been received and approved by SEGIP.

**Note:** Medical and dental premiums are paid on a pretax basis. If you wish to choose a premium contribution on an after-tax basis, contact SEGIP.

**Beneficiary Information**

MN Life is the beneficiary manager for the life and AD&D insurance plans. After you enroll in life insurance or AD&D insurance coverage, MN Life will send you a letter with instructions on how to create an account on their website so that you may designate your beneficiaries. Information regarding beneficiary designation is available at [lifebenefits.com](http://lifebenefits.com) or by calling 1-866-293-6047.
**Access Employee Self Service**

- Open internet browser and login to Self Service: [https://mn.gov/selfservice](https://mn.gov/selfservice)
- The State of Minnesota Employee Self Service Portal sign-in page displays.
- Enter your Employee ID number in the User ID field. Enter your password then press enter or click the Sign in button.
  - New employees should obtain their User ID and initial password from your HR or payroll office.

The Self-Service Homepage displays. Click the Self-Service icon to access the Self-Service menu.
Navigating Employee Self Service

• Navigate by clicking the desired tile on the navigation page. An individual page or additional links will display depending on your selection.

• Sign out of Self Service by selecting the Sign out link on the green header next to your name when you are finished viewing or updating information. If you do not sign out, and are using a public computer, the next person may be able to select the back button on the browser and view your information. Close the browser window only after you sign out.

• CAUTION: Do not use the back or forward buttons on your browser. If you use them, you could lose the data you entered and may have to start over. Use the Previous and Next buttons located in the header of the window to move through the pages.

• Some pages may have a Supplementary Panel that appears on the right side of the screen. This panel contains additional information such as the SEGIP contact information, and other resources. You can hide this panel by selecting the small tab.

• The Next button does not get you to the Submit your Benefits page. Use the Continue button instead.

Benefits Tile

Access to insurance, leave, deferred compensation, insurance benefits onboarding, and open enrollment are found by selecting the Benefits tile.
Insurance Benefits Onboarding: Complete your new hire or rehire enrollment in Self Service under Insurance Benefits Onboarding Tile. You may only enroll online in Self Service as a new hire or during Open Enrollment. Changes to benefits at other times must be done by submitting the appropriate forms.

Benefits Enrollment

Your enrollment is divided into tasks that may need to be completed. You can navigate through these tasks using the left side navigation to track your progress.

- **Welcome**
  - Overview of your new hire/rehire enrollment and benefits that are available to you.

- **Benefits Enrollment**
  - Use this task to complete your new hire/rehire enrollment elections. You must select Continue and Submit to successfully complete your enrollment.

- **Reprint Confirmation**
  - This task is only available if your elections have been successfully submitted. You can reprint your confirmation statement that shows your submitted elections.

- **ACA 1095-Consent**
  - Consent to receive your 1095-C statements electronically

- **Summary**
  - Shows what tasks you have visited and/or completed.
Using the task list

Each task will indicate Not Started until the task page is visited. The status will change to Visited when the task page is opened.

The Benefits Enrollment task will change to Complete when your elections have been accepted and submitted.

The Reprint Confirmation task will be unavailable until your elections have been accepted and the Benefits Enrollment task is Complete.

Benefit Plans

This area contains tiles showing what your current elections are, coverage levels and semi-monthly cost.

Use these tiles to access the coverages you want to review and/or change. Optional Coverages are individually represented:

- Employee Additional Life
- Spouse Life
- Child Life
- Short-Term Disability
- Long-Term Disability
- Managers IPP
Add and Enroll Your dependents
This area is used to add new dependents. A dependent is a spouse or eligible child of the employee. To add a new dependent, select the Add/View Dependent button. You will be transferred to the Dependent Information page. Select the Add Individual button to enter the new dependent’s information. After entering the required information select Save. Once the information is saved you cannot go back to edit.

To change or edit information for an existing dependent contact SEGIP at 651-355-0100. Do not add a dependent again just to correct that dependent’s information. Use the check boxes in the dependent table to enroll or remove coverage for listed dependents.

You can enroll a dependent on the MN Advantage Health Plan page, the Dental Plan page, or the Vision Plan page. The dependent will be available to select to add to any of the remaining coverages. You only need to add a dependent once.

Enroll in Your Plan
The coverage level displayed will automatically reflect either single or family depending on dependents enrolled in the top section. Your current plan name and administrator are indicated with a check mark. Use the Select button to change plan administrators.

Select a Primary Care Clinic (PCC)
Use the Find a Clinic search tool to find the Primary Care Clinic ID (Clinic Number) associated with your health plan administrator and clinic. For family coverage you have the option to use the same clinic for all dependents or enter a unique PCC ID for each dependent. Use the Done button to return to the Benefits Enrollment page to continue enrolling.

Optional Life Insurance Coverages
In addition to the Basic Life Insurance Plan and the Manager Life Insurance Plan, you may select additional life insurance for you, your spouse, and your dependents.

To enroll in any of these additional plans, select the Employee Additional Life, Spouse Life, or Child Life tile.

Enter the total coverage amount desired within the limits for Employee Life and/or Spouse Life. The calculate cost button will show your semi-monthly deduction. Child life has one coverage amount of $10,000 that covers all eligible children.

Disability Plans
Disability coverage is available to most benefits eligible employees to help protect your income and assets.

To enroll in coverages, select the Short-Term Disability (STD), Long-Term Disability (LTD), or if eligible the Manager Income Protection Plan (IPP) tile.

Enter the new total Coverage Amount for STD and/or LTD. Coverage limits apply. Elections above the calculated maximum based on your salary will not be allowed. The Calculate Cost button will show your semi-monthly deduction. Coverage amount is based on the coverage level chosen for IPP.
Pre-Tax Spending Accounts

To enroll in any of the pre-tax accounts, select the Medical/Dental Expense Account (MDEA), Dependent Care Expense Account (DCEA), Transit Expense Account - Parking, and/or Transit Expense Account – Bus Pass/Vanpool tile.

Use the Select button to enroll in or decline participation in the pre-tax accounts.

Enter the total Annual Pledge desired for the new plan year. A Flexible Spending Account Worksheet is available to help calculate your Annual Pledge.

Submitting your elections

When you are ready to accept and submit your elections use the **Continue** button on the Benefits Enrollment screen. The Enrollment Summary area will show the total semi-monthly cost of your elected benefits. This amount will reflect the changes you have made in coverage levels to your benefit plans. The status of each benefit tile will reflect whether it was visited or changed.

Once you have completed your elections you must select the Continue button to review and accept your choices. When you have successfully submitted your elections the status of the Benefits Enrollment tile will change to Completed and the Reprint Confirmation task will be available.

Printing your Confirmation Statement

Make sure to print your Confirmation Statement after you have accepted your elections by selecting the Print Confirmation button. Your Confirmation Statement is proof that your benefit changes have been submitted to SEGIP. The Reprint Confirmation task will only be available when you’ve submitted your elections correctly.
SEGIP Member Service Center

SEGIP Member Service Specialists and State Program Administrators are here to assist employees with insurance and benefit questions or problems.

SEGIP Member Service Center hours: 7:00 a.m. - 4:30 p.m., Monday through Friday

- SEGIP website: mn.gov/mmb/segip/
- Email: segip.mmb@state.mn.us
- Telephone: 651-355-0100
- Fax: 651-797-1313
- Mailing address: MN Management and Budget/SEGIP, 400 Centennial Building, 658 Cedar Street, Saint Paul, MN 55155

Our SEGIP Member Service Specialists are available if you have a general question.

- Heidi Wydra
- Jordan Asayag

Your assigned representative is available for assistance with a specific issue. State Program Administrators are assigned to employee groups by an alphabetical split.

<table>
<thead>
<tr>
<th>Last Initial</th>
<th>Program Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-C-E-U-Y-Z</td>
<td>Meghan Klawiter</td>
</tr>
<tr>
<td>B-J-Q</td>
<td>Jeff Grund</td>
</tr>
<tr>
<td>D-M</td>
<td>Steve Meyer</td>
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<tr>
<td>F-L-T-X</td>
<td>Denise Adams</td>
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<td>G-I-N-W</td>
<td>Mary Schiltgen</td>
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<tr>
<td>H-P</td>
<td>Jocelyn Wussler</td>
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<tr>
<td>K-O-R</td>
<td>Tina Blanco</td>
</tr>
<tr>
<td>S-V</td>
<td>Charles “Brad” Reed</td>
</tr>
</tbody>
</table>

Other Resources

- Employee Self Service information can be located at: https://mn.gov/mmb/accounting/sema4/self-service-information/new-employees.jsp
- Your Agency Human Resources department: For assistance with the enrollment process and benefit elections
Self Service Locked Accounts

After a number of unsuccessful attempts, it's possible that you have been locked out of Employee Self Service. To unlock your account, email: selfservice.mmb@state.mn.us

You must provide your User ID (your 8-digit employee ID number) in the request. The email box is monitored during normal business hours, Monday through Friday - but not evenings, weekends, or holidays.
## Dependent Eligibility Verification (DEVA) Document Chart

### State Employee Group Insurance Program (SEGIP)

<table>
<thead>
<tr>
<th>Eligible Dependents</th>
<th>Definition of an Eligible Dependent</th>
<th>Required Documentation</th>
</tr>
</thead>
</table>
| **Spouse**          | • Must be legally married under Minnesota law to an insurance eligible employee, **AND**  
                      • Your spouse is not eligible if they work full-time for an employer (with more than 100 people) and elects to receive either credits or cash in place of health insurance or health coverage or towards some other benefit in place of health insurance.  
                      • Your spouse is also not eligible if enrolled in a high deductible medical insurance plan (as defined by the IRS) that includes a contribution to a health savings account (HSA) through their employing organization  
|                     | **AND**                             | • Copy of your certified marriage certificate  
                      • Copy of the front page for your most recent federal tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse’s name, the date, and your mailing address. **AND**  
                      • Completed Spouse/Former Spouse Certification Form |
| **Former Spouse**   | • The divorce must occur while the employee is covered, **AND**  
                      • Must have been covered on the employee’s plan at the time of the divorce, **AND**  
                      • May not have obtained other group coverage since the divorce, **AND**  
                      • Not eligible if they work full-time for an employer (with more than 100 people) and elects to receive either credits or cash in place of health insurance or health coverage or towards some other benefit in place of health insurance.  
                      • In addition, also not eligible if enrolled in a high deductible medical insurance plan (as defined by the IRS) that includes a contribution to a health savings account (HSA) through their employing organization  
|                     | **AND**                             | • Copy of your divorce decree signed by a judge or court administrator  
                      • Completed Spouse/Former Spouse Certification Form |
| **Biological Children** | • To age 26  
                      • Copy of your child’s certified birth certificate naming you as the child’s parent |
| **Adopted children** | • To age 26 if adopted **OR**  
                      • To age 18 if placed with you for adoption  
                      • Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption **OR**  
                      • Copy of the child’s certified birth certificate naming you (or your spouse) as the child’s parent |
| **Stepchildren**     | • To age 26  
                      • You must be legally married to the child’s parent  
                      • Copy of the child’s certified birth certificate naming your spouse as the child’s parent  
                      • Copy of your certified marriage certificate and a current financial document naming both you and your spouse |
| **Foster Children**  | (ward, legal guardian, legal custody)  
                      • To age 26  
                      • Full and permanent legal and physical custody  
                      • Completed Foster Child Certification Form **AND**  
                      • Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship  
                      • Birth up to age 18 – Copy of tax return showing child is claimed as a dependent.  
                      • Age 18-26 – No tax document required. |
| **Grandchildren**    | • To age 25  
                      • Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 **OR**  
                      • Financially dependent upon you and has resided with you continuously from birth **OR**  
                      • If you have legally adopted your grandchild or are the foster parent of your grandchild follow the eligibility rules for each above  
                      • Completed Grandchild Certification Form **AND**  
                      • Copy of your grandchild’s certified birth certificate, naming you (or your spouse’s) child as your grandchild’s parent **AND**  
                      • Copy of your child’s certified birth certificate naming you (or your spouse) as the parent **AND**  
                      • Document dated within the last 6 months establishing this grandchild currently resides with you **AND**  
                      • Copy of your most recent federal tax return listing this child as your (or your spouse’s) tax dependent  
                      • If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born |
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<tr>
<td>Child(ren) with a disability</td>
<td>• Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, <strong>AND</strong>&lt;br&gt;• Chiefly dependent upon you for principal support and maintenance, <strong>AND</strong>&lt;br&gt;• You must provide proof of such incapacity and dependency annually as requested by your health plan administrator</td>
<td>• Copy of the child’s certified birth certificate naming you or your spouse as the child’s parent, OR appropriate court order / adoption decree naming you as the child’s legal guardian</td>
</tr>
</tbody>
</table>

Also covered: any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.

Change in status or dependent eligibility: It is your responsibility to notify SEGIP of any change in a dependent’s status (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in [https://mn.gov/mmb-stat/segip/doc/YEB.pdf](https://mn.gov/mmb-stat/segip/doc/YEB.pdf).