# Family Member Eligibility Matrix

<table>
<thead>
<tr>
<th>If you are covering your:</th>
<th>The plan covers this individual if:</th>
<th>Documentation needed if electing:</th>
</tr>
</thead>
</table>
| Spouse                   | • The person is currently your spouse | Medical, dental, vision and/or voluntary term life/AD&D insurance coverage:  
  • A copy of your marriage license |
| Newlywed Spouse          | • The person is currently your spouse AND  
  • You were married within the last (1) month. | Medical, dental, vision and/or voluntary term life/AD&D insurance coverage:  
  • A copy of your marriage license |
| Natural Born Child to age 26 | He or she is:  
  • Your natural born child AND  
  • Within the month during which s/he turns 26 or earlier | Medical, dental, vision and/or voluntary term life/AD&D insurance coverage:  
  • A copy of the child's birth certificate naming you as the child’s parent |
| Stepchild up to age 26    | He or she is:  
  • Your stepchild AND  
  • Within the month during which s/he turns 26 or earlier | Medical, dental, vision and/or voluntary term life/AD&D insurance coverage:  
  • Verification of Spouse AND  
  • A copy of the child's birth certificate naming your Spouse as the child's parent |
| Legally Adopted Child/Child Placed for Adoption/Legal Guardianship to age 26 | He or she is:  
  • Your Legally Adopted Child/Child Placed for Adoption or Child in Legal Guardianship AND  
  • Within the month during which s/he turns 26 or earlier | Medical, dental, vision and/or voluntary term life/AD&D insurance coverage:  
  • A copy of adoption decree or court decree naming you as the child's adoptive parent or guardian AND  
  • A copy of a legal document showing child’s age |
| Grandchild to age 26     | He or she is:  
  • Your grandchild  
  • Within the month during which s/he turns 26 or earlier | Medical, dental, vision and/or voluntary term life/AD&D insurance coverage:  
  • A copy of the grandchild’s birth certificate naming your child as the child’s parent AND  
  • A copy of your child’s birth certificate showing you as parent AND  
  • A form of documentation showing residency with you such as school or medical records AND  
  • A copy of your most recent Federal Income Tax Return showing Grandchild as a claimed dependent |
| Child covered by a QMCSO | • A child covered under a Qualified Medical Child Support Order. | Medical, dental, vision and/or voluntary term life/AD&D insurance coverage:  
  • A copy of the QMCSO |