

Legally Domiciled Adults – Frequently Asked Questions:

What is changing?

Our medical, dental and vision plans currently cover legally married spouses and dependent children to the end of the month in which they attain age 26 (including the Colleague's adopted children and children for whom the Colleague is the legal guardian). Coverage for these individuals is not changing.

Effective January 1, 2018, however, coverage will be expanded to include a "Legally Domiciled Adult" in lieu of covering a legal spouse. This flyer answers key questions regarding this new coverage group.

Who qualifies for coverage as a Legally Domiciled Adult?

A Legally Domiciled Adult (LDA) is an individual over 18 who has for at least 6 months lived in the same principal residence as the Colleague and remains a member of the Colleague's household during the coverage period; and who either:

- (A) has an on-going, exclusive and committed relationship with the Colleague similar to marriage (not a casual roommate or tenant), shares basic living expenses and is financially interdependent with the Colleague, is neither legally married to anyone else nor legally related to the Colleague by blood in any way that would prohibit marriage; or
- (B) is the Colleague's blood adult relative who meets the definition of his or her tax dependent as defined by Section 152 of the Internal Revenue Code during the coverage period.

What coverage is available for my Legally Domiciled Adult (LDA)?

Both Category (A) and Category (B) LDAs may be covered under your medical, dental and/or vision benefits.

Why is HSHS offering this benefit?

Due to recent changes in federal law regarding the provision of health benefits, HSHS approved an eligibility modification to ensure compliance with applicable laws and regulations. The inclusion of the Legally Domiciled Adult benefits allows for the HSHS benefit plans to be legally compliant while at the same time adhering to church teaching.

Can I enroll myself, my spouse, and an LDA under the Medical, Dental and/or Vision benefits?

No. You can only elect coverage for one adult, other than yourself, in addition to any eligible dependent children for medical, dental and vision benefits. So, if you're legally married, you can elect adult coverage for you plus either your spouse or an LDA.

Are children of LDAs eligible for medical, dental and vision coverage?

A child's eligibility depends on the child's relationship to the LDA. The LDA must be the birth parent, legally adoptive parent, or legal guardian of the child in order for the child to be eligible for coverage.

Can I enroll my mother as an LDA if she is my tax dependent, but we do not live together?

No. To qualify as an LDA an individual must meet all eligibility requirements which include - for both Category (A) and Category (B) LDAs - that the adult has lived with you in your principal residence for at least six months before enrollment and continues to live with you during the coverage period.

When can I enroll an LDA for coverage?

You can enroll an LDA in medical, dental, and/or vision benefits during new hire enrollment or annual enrollment.

How do I add my LDA to my benefits?

You will need to submit a notarized Legally Domiciled Adult Affidavit to the HSHS Colleague Service Center proof that your LDA meets the HSHS criteria for coverage. See the question "***What types of documentation or proof are needed to add my LDA to my benefits?***" for examples of acceptable proof. The affidavit is available at benefits.hshs.org or by calling or emailing the HSHS Colleague Service Center at 1-855-394-4747 or fyi@hshs.org.

- **Annual Enrollment:** For those adding an LDA during annual enrollment, the notarized LDA affidavit along with supporting documents must be submitted to the HSHS Colleague Service Center by December 15th prior to the January 1st effective date. If supporting documentation is not received by this date, your LDA will be removed from your coverage.

- **New Hires / Newly Eligible:**
 - For new hires, coverage for your LDA will be effective on the date your coverage is effective if all supporting documentation is received within 30 days of your eligibility date. If supporting documents are not received by this date, your LDA will be removed from coverage, retroactive to your eligibility date.
 - For a newly eligible LDA, coverage for the LDA will be effective on the date the individual meets the LDA requirements, provided you request coverage and provide supporting documentation within 30 days of that date.

Remember the notarized LDA affidavit and supporting documents must be submitted to the HSHS Colleague Service Center by fax at 217-492-5896 or email at fyi@hshs.org within the 30-day enrollment period.

What types of documentation or proof are needed to add my LDA to my benefits?

Category (A) LDA – At least 3 of the following documents must be provided as documentation:

- Financial Power of attorney
- Civil union certificate
- Joint documents dated a minimum of six (6) months prior to enrollment showing current relationship status, such as a recurring household bill or statement of account. The documents must list the Colleague and LDA's name, the date and shared mailing address. Examples of joint documents:
 - Car loan or lease
 - Mortgage or lease
 - Utility bill
 - Bank statement
 - Credit card statement
 - Shared legal guardianship documents
 - Primary beneficiary or executor designation
 - Copy of driver's licenses showing proof of shared residency.
- A copy of the front page of the Colleague's prior year federal tax return (Form 1040) confirming the LDA is a qualified tax dependent as defined in Section 152 of the Internal Revenue Code.

Category (B) LDA – The following documentation must be provided:

- A copy of the front page of the Colleague's prior year federal tax return (Form 1040) confirming the LDA is a qualified tax dependent as defined in Section 152 of the Internal Revenue Code.

How much will these benefits cost me?

Colleagues who elect LDA coverage will pay the same amount for coverage as colleagues do for Colleague + spouse or Colleague + spouse + child(ren) coverage. However, there may be other cost implications depending on whether or not the LDA is the Colleague's tax dependent, as explained below. It is recommended that you consult with an attorney about the tax implications of electing LDA coverage.

When does an LDA become ineligible for coverage?

An LDA's eligibility under the medical, dental, and benefits generally will end on the earliest of:

- the date the Colleague's coverage terminates, or
- the date the individual no longer satisfies the eligibility criteria for LDA status.

Colleagues must notify the HSHS Colleague Service Center within 30 days of any changes in eligibility status.