

Adult Dependent Enrollment



King County

Benefits and Retirement Operations

Please submit this form *within 30 days* of the date of your letter notifying you of your opportunity to continue coverage for your adult dependent to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333, or fax it to 206-296-7700. If you do not submit this form within 30 days, you will not be able to add your dependent to your coverage until the next open enrollment. If you have questions, contact Benefits and Retirement Operations at kc.benefits@kingcounty.gov or 206-684-1556.

You may elect to continue your adult dependent's health coverage (medical, dental, vision) as well as any AD&D and life insurance in which he/she is currently enrolled through King County until he/she reaches age 25. If you elect to continue coverage for your adult dependent, you will be required to pay the related premiums through payroll deduction. The rates for this continued coverage for medical, dental and vision benefits are found on the back of this form.

Section 1: Employee information				
Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	PeopleSoft employee ID
Address		Apt/unit number		Date of birth (mm/dd/yyyy)
City	State	ZIP code	Work phone ()	
Paid <input type="checkbox"/> 5 th and 20 th ea month <input type="checkbox"/> Every other Thursday			Home phone ()	

Section 2: Adult dependent information				
Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy)
Address		Apt/unit number		Work phone ()
City	State	ZIP code	Home phone ()	
Select coverage you want to continue: (you may only continue current dependent coverage) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Supplemental life <input type="checkbox"/> Supplemental accidental death and disability (AD&D)				

Section 3: Authorization for enrollment and premium payment	
The information on this form is true, correct and complete. I authorize King County to make any payroll deductions or refunds resulting from my requested action. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment.	
Signature _____	Date _____

Section 4: Adult dependent authorization for use or disclosure

I authorize the use or disclosure of personal health information about me for the administration of my benefits. I understand that this authorization is voluntary. I also understand that the same confidentiality standards that apply to my medical records under the Health Insurance Portability and Accountability Act (HIPAA) also apply to my health coverage records and will not be shared except as authorized under the county's HIPAA Notice of Privacy Practices, which may be amended as required.

Signature _____ Date _____

Monthly cost to cover all eligible dependents age 23 and 24 for medical, dental and vision benefits

	Dependents of regular employees and full-time transit operators	Dependents of part-time transit operators	Dependents of Technical Employees Association members	Dependents of deputy sheriffs
KingCare SM Gold	\$ 311.05	\$ 311.05		
KingCare SM Silver	\$ 292.39	\$ 292.39		
KingCare SM Bronze	\$ 276.84	\$ 276.84		
KingCare SM Preferred			\$ 311.05	
KingCare SM Basic			\$ 276.84	
Group Health Gold	\$ 373.66	\$ 298.84		
Group Health Silver	\$ 351.05	\$ 280.76		
Group Health Bronze	\$ 330.92	\$ 264.56		
Group Health			\$ 374.71	\$ 433.09
Deputy Sheriff Plan				\$ 283.43
Dental	\$ 58.78	\$ 58.78	\$ 58.78	\$ 69.33
Vision	\$ 7.96	\$ 7.96	\$ 7.96	

When are dependents eligible?

Dependents are eligible for county benefits when they are:

- your unmarried children or your spouse/domestic partner's unmarried children if they are under age 25 and chiefly dependent on you for support and maintenance, and you may claim them on your federal tax return. "Children" or "child" means:
 - biological children;
 - adopted children, or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption;
 - stepchildren; and
 - legally designated wards, who include legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan;
- a child (as defined above) age 25 or older if the child:
 - was incapacitated and covered under your plans before age 25;
 - continues to be incapacitated due to a developmental or physical disability; and
 - is chiefly dependent on you for support and you may claim him/her on your federal tax return.

Office use only	Date received	Processed by	Audited by	Date effective
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