

Adult Child Enrollment



King County

Benefits, Payroll and Retirement Operations

Please submit this form *within 30 days* of the date of your letter notifying you of your opportunity to continue **dental and/or vision coverage** for your adult child to Benefits, Payroll 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 adult child to your dental and vision coverage until the next open enrollment. If you have questions, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov.

You may elect to continue the dental and/or vision coverage in which your adult child is currently enrolled through King County until he/she reaches age 26. Medical coverage will continue automatically at no cost to you. If you elect to continue dental and/or vision coverage for your adult child, you will be required to pay the related premiums through payroll deduction. The premiums for dental and vision coverage are found on the back of this form. You may continue supplemental life and supplemental accidental death and dismemberment (AD&D) insurance for an adult child until age 25, but your child must be dependent on you for support as defined 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: <i>(You may only continue current dependent coverage—you cannot add life or accidental death and dismemberment (AD&D) insurance at this time.)</i>				
<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Supplemental life <input type="checkbox"/> Supplemental AD&D				

Section 3: Authorization for enrollment and premium payment	
<p>I declare under penalty of perjury under the laws of the State of Washington that all of the information on this form is true, correct and complete. I understand that an adult child (ages 23, 24 & 25) cannot be covered under the County's health plan if the child has access to an employer-sponsored health plan other than a parent's plan, and I certify that the adult child I have enrolled in the County's health plans does not have access to an employer-sponsored health plan. I further certify any adult child that I enroll in life or AD&D insurance is dependent on me for support as described on the back of this form. 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.</p>	
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 costs to cover adult children

	Adult children of regular employees and full-time transit operators	Adult children of part-time transit operators	Adult children of Technical Employees Association members	Adult children of deputy sheriffs
Dental	\$ 52.42	\$ 52.42	\$ 52.42	\$ 60.66
Vision	\$ 8.05	\$ 8.05	\$ 8.05	\$ 4.92
Supplemental life	\$ 0.90	\$ 0.90	\$ 0.90	
Supplemental AD&D	\$0.25 / \$50,000	\$0.25 / \$50,000	\$0.25 / \$50,000	

When are children eligible?

- For medical, dental and vision coverage, your child is eligible until age 26 if he/she does not have access to medical coverage through an employer-sponsored health plan other than a parent's plan. For supplemental life and supplemental accidental death and dismemberment (AD&D) insurance, your child is eligible until age 25 if he/she is unmarried and dependent on you for more than 50% support and maintenance, according to IRS regulations.
- "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 disabled adult child age 26 or older may continue on your benefits if the child:
 - was incapacitated and covered under your benefits before age 26;
 - continues to be incapacitated due to a developmental or physical disability;
 - is incapable of self-sustaining employment; and
 - is dependent on you for more than 50% support and maintenance.

Office use only	Date received	Processed by	Audited by	Date effective
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