

The Insurance Plan provides coverage to enrolled dependents as defined below:

- You and your spouse/partner must have a legally valid existing marriage license or valid existing civil union, as applicable, as accepted by the State of Connecticut, and your spouse/partner must live with you or in the Service area.
- Your child may be eligible for coverage under this Plan until the end of the last day of the Plan's Contract Year that is after his/her 26th birthday, as long as his/her birthday is not the same day as the first day of this Plan's Contract Year; eligibility for coverage will end on that day.

The following rules apply to children:

- **Natural Children:** Your natural children can be covered.
- **Adopted Children:** Children legally adopted by you can be covered if they meet the rules for natural children once the adoption is final. Before the adoption becomes final, a child can be signed up for coverage when you become legally responsible for at least partial support of the child.
- **Step-Children:** Your step-children who are the natural or adopted children of your spouse/partner, or children for whom your spouse/partner is appointed legal guardian, can be covered.
- **Guardianship:** Children for whom you are appointed the legal guardian can be covered.
- **Handicapped Children:** To continue to be covered beyond the allowable age for dependent children, the child must:
 - Be unable to support himself/herself by working because of a mental or physical handicap, as certified by the child's physician
 - Be dependent on you or your spouse/partner for support and care because he/she has a mental or physical handicap
 - Have become handicapped and must have always been handicapped while he/she would have been able to be signed up for dependent children coverage if he/she were not disabled.

Proof of the handicap and the child's financial dependence must be given to us within 31 days of the date when the child's coverage would end under another insurer's plan, or when you enrolled under this Plan if the handicap existed before you enrolled for coverage under this Plan. You must give us proof that the child's handicap and financial dependence continue if we ask for such proof. We will not ask for proof more than once per year.

Qualified Medical Child Support Orders (QMCSO): Special rules apply when a court issues a QMCSO requiring you to provide health insurance for your child. Your Employer decides whether you may sign up the child because of this QMCSO, and we will follow your Employer's decision. Your child does not have to live with you or in the Service Area in order to be covered under this Plan.