

# PENNSYLVANIA FACULTY

P.O. Box 60430  
Harrisburg, Pennsylvania 17106-0430

## HEALTH AND WELFARE FUND

Telephone: (717) 233-4776

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## IMPORTANT BENEFIT ANNOUNCEMENT Extension of Coverage for Adult Children

To the Faculty:

The Board of Trustees of the Pennsylvania Faculty Health and Welfare Fund approved eligibility rule changes **beginning July 1, 2011**, as follows:

**REVISED DEFINITION OF "CHILDREN" INCLUDES ADULT CHILDREN UNDER AGE 26** - In compliance with recent legislation, the Fund has extended coverage of eligible children until the child's 26th birthday, regardless of job, marital, or student status, provided the child is not eligible for other employer-sponsored dental and vision coverage through the adult child or the adult child's spouse's employer.

Covered children include Faculty members' natural children, stepchildren, and legally adopted children (including a child who has been placed for adoption or otherwise is the subject of ongoing adoption proceedings), a child for whom a Faculty member has been appointed legal guardian, a natural or legally adopted child of a Faculty member's same-sex domestic partner, and a child for whom the Faculty member's same-sex domestic partner is the legal guardian. A complete copy of the revised definition of "dependent and adult children" under the Fund's eligibility rules is attached. Adult children whose coverage ended, or who were denied or were ineligible for coverage under the previous definition of "child," may be eligible to enroll in the Fund's benefits during the special enrollment period detailed below.

**SPECIAL ENROLLMENT PERIOD FOR ADULT CHILDREN UNDER AGE 26** -Beginning July 1, 2011, to receive the Fund's benefits coverage, all adult children (i.e., all children ages 19 through 25) otherwise eligible for the Fund's benefits must enroll in the Fund by completing and submitting the attached form to the Fund Office. This enrollment requirement applies to **ALL** adult children, including those previously enrolled for Fund benefits as full-time students. If you have children ages 19 through 25 who otherwise are eligible for Fund coverage, you must list their names on the attached form and submit the attached form to the Fund Office. Individuals may enroll such adult children for 30 days from the date of this notice, until July 31, 2011. If you are not currently enrolled, but wish to do so to take advantage of the coverage right for your adult children, you and your adult children both may enroll during the special enrollment period.

If approved, any enrollment forms submitted during the special 30-day enrollment period will be effective retroactively to July 1, 2011. As always, Faculty members may enroll themselves and their spouses, eligible same-sex domestic partners, and eligible dependent and adult children at any time by completing and submitting an enrollment card and required documentation.

These rule changes will be included in the description of benefits at the Fund's website, [www.pafac.com](http://www.pafac.com), beginning July 1, 2011. Communicate with Tiffany at the Fund Office if you have questions or need more information (see above listed mailing address and telephone number).

Sincerely yours,

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**PENNSYLVANIA FACULTY HEALTH AND WELFARE FUND**  
**Revised Definition – "Dependents"**

- dependent and adult children

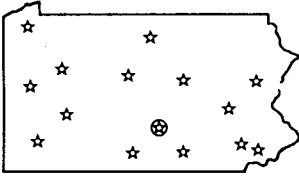
A child, as defined below, is eligible for Fund benefits until the child's 26th birthday, regardless of job, student, or marital status, unless an adult child (i.e., any child aged 19 through 25) is eligible for other employer-sponsored dental and vision coverage through an employer of the adult child or the adult child's spouse. If you are enrolling a child who is age 19 through 25, you must complete the required enrollment form to certify that the child does not have access to other employer-sponsored dental and vision coverage. The Fund's coordination of benefits rules apply to children whose parents are covered by more than one group health plan. See Coordination of Benefits for the claims filing procedures required.

The term "child" includes:

- a natural child of a Faculty member;
- a legally adopted child (including a child who has been placed for adoption or otherwise is the subject of ongoing adoption proceedings) of the Faculty member. A copy of the Certificate of Adoption must be submitted to the Fund Office before benefits can be obtained;
- a child for whom the Faculty member has been appointed legal guardian, as evidenced by court documents. Copies of any and all court orders establishing the Faculty member's status as the child's legal guardian must be submitted to the Fund Office before benefits can be obtained;
- a stepchild of the Faculty member;
- a natural or legally adopted child of a Faculty member's same-sex domestic partner or a child for whom the Faculty member's same-sex domestic partner is the legal guardian;
- unmarried, physically-handicapped or mentally-handicapped children of any age, if their disability began prior to the date they otherwise would have become ineligible for benefits, and the disability has left them unable to support themselves. Proof of the children's disability, including a completed affidavit, which is available only from the Fund Office, must be submitted directly to the Fund Office within 30 days of the date eligibility for benefits would otherwise have terminated.

The Board of Trustees reserves the right to require continuing proof of the mental or physical disability of children on a periodic basis.

**The term "child" does not include a ward of the state or a foster child.**



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## ADULT CHILDREN ENROLLMENT FORM AND CERTIFICATION

Use This Form **ONLY** for Adult Children Aged 19 Through 25 years  
Please Print Clearly or Type

Beginning July 1, 2011 adult children aged 19 years through the age of 25 may enroll in the Pennsylvania Faculty Health and Welfare Fund and receive the Fund's benefits, provided the children enrolled are not eligible for other employer-sponsored dental and vision coverage through employers of adult children or the spouses of the adult children.

To enroll an adult child, a Faculty member must complete and submit this form with any required documents and certify that the child does not have access to other employer-sponsored dental and vision coverage.

Name of Faculty Member \_\_\_\_\_

Birth Date of Faculty Member \_\_\_\_\_

### ONLY list the names of Adult Children Aged 19 through 25 to be enrolled for the Fund's benefits

Date of Birth

ONLY list the names of Adult Children Aged 19 through 25 to be enrolled for the Fund's benefits	Date of Birth
_____	_____
_____	_____
_____	_____

For each adult child, please submit with this form photocopies of said child's birth certificate and, if applicable, a Certificate of Adoption, Disabled Child Affidavit, court order establishing legal guardianship, and/or Same-Sex Domestic Partnership Certification. Faculty members need not submit photocopies of required documents that they previously provided to the Fund Office. Please contact the Fund Office if you have any questions about any required documentation.

**By signing and submitting this form, you acknowledge that each adult child listed above DOES NOT have access to employer-sponsored dental and vision coverage through the child's own employer or his/her spouse's employer. You also acknowledge that you have an obligation to inform the Fund Administrator in writing within 30 days if any listed adult children's dental and vision coverage status changes at any point before they reach the age of 26.**

If you fail to notify the Fund Administrator in writing of any disqualifying change in status, the Fund may retroactively terminate coverage and seek reimbursement from you for the cost of any benefits provided to your adult child(ren) after the disqualifying change.

\_\_\_\_\_  
Faculty Member's Signature

\_\_\_\_\_  
Date Signed

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**Adult Children enrolled anytime in July 2011 will be eligible for the Fund's benefits beginning on July 1, 2011. Adult Children enrolled after July 2011 will be eligible on the date they are enrolled for the Fund's benefits.**