

## **University of Rochester Health Care Program's Definition of Benefit Eligible Dependents**

### **Dependents Eligible for Benefits under the University of Rochester's Health Care Plans, Prescription Drug Plan, Dental Plans, and pre-tax premiums under the Cafeteria Plan include:**

- Your current spouse, if your marriage was valid in the state or country where it was performed (and for purposes of paying pre-tax premiums under the cafeteria plan, if the marriage is also recognized by state law in the state where you reside).
- Your domestic partner (same-sex or opposite-sex).\*
- Your children and/or your domestic partner's children\* up to age 26, regardless of access to other health care coverage through their own or a spouse's employment, marital status or student status.
- Your children who are handicapped prior to age 26 and are dependent on you for support.

### **Your children include:**

- Biological children,
- Legally adopted children,
- Stepchildren,
- Children who are placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction, and
- Domestic Partner's Children\*

*\* Domestic Partners (Same-Sex or Opposite-Sex) and children of domestic partners are eligible for coverage under the University's Health Program provided that the employee and his/her domestic partner satisfy all of the criteria in the Certification of Domestic Partners Status Form.*

**Please Note:** If you will be adding a handicapped child age 26 or older or a domestic partner and child (ren) to your health and/or dental coverage, you will need to complete the respective ***Handicapped Dependent Form*** or ***Certification of Domestic Partners Status Form*** for these dependents. These forms are available online at [www.rochester.edu/benefits](http://www.rochester.edu/benefits) and at the Office of Total Rewards. Please return the completed form at the same time you are submitting your ***Benefit Program Enrollment/Change Form*** to HR Administrative Services, 910 Genesee St Suite 100, PO Box 278955 Rochester NY 14627.

### **Dependents Eligible for Benefits under the University of Rochester's Flexible Spending Accounts**

You can only claim reimbursement from the Flexible Spending Accounts for expenses incurred by your qualifying tax dependents. The definition of qualifying dependent for FSAs is different than the definition for purposes of your federal tax return. The following section described the individuals who are eligible dependents for purposes of the FSAs.

***For the Health Care FSA, eligible dependents include:***

- Your current spouse, if your marriage is recognized by state law in the state where you reside.
- Your biological child, stepchild, adopted child, child placed for adoption, or foster child (defined as a child placed with the employee by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction), until December 31st of the year in which he or she turns age 26. In the case of divorced or separated parents, a child is treated as a dependent of both parents.
- Your brother/sister, half-brother/half-sister, stepbrother/stepmother, or descendent of any such sibling (e.g., niece/nephew), or a descendent of your biological child, stepchild, adopted child, child placed for adoption, or foster child (e.g., grandchild),
  - Whose principal place of abode is your household for more than half of the calendar year (temporary absences due to special circumstances, e.g., illness, education, business, vacation, or military service, are disregarded),
  - Who is younger than you and is under age 19 (or age 24 if a full time student) as of the end of the calendar year, or who is permanently and totally disabled regardless of age,
  - Who has not provided more than one-half of his or her own support\* that year,
  - Who has not filed a joint tax return (other than only for claim of refund) with his or her spouse for the year, and
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children).
- Your relative (child described above or descendent of such child (e.g., grandchild), your sibling described above or descendent of any such sibling (e.g., niece/nephew), your parent, parent's ancestor (e.g., grandparent), stepparent, aunt/uncle, parent in-law, son/ daughter-in-law, brother/sister-in-law),
  - Who receives over half of his or her support\* from you for the calendar year,
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children), and
  - Who is not anyone else's Qualifying Child.
- Someone other than a spouse who has the same principal place of abode as you for the entire calendar year (temporary absences due to special circumstances, e.g., illness, education, business, vacation, or military service, are disregarded),
  - Who is a member of your household for the entire calendar year (and the relationship must not violate local law),
  - Who receives over half of his or her support\* from you for the calendar year,
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children), and
  - Who cannot be claimed as anyone else's Qualifying Child on their federal tax return.

*\*To determine whether you provide more than half of the total support for your relative or other person sharing your principal place of abode, you must compare the amount of support you provide with the amount of support the individual receives from all sources, including Social Security, welfare payments, the support you provide, and the support the individual provides from his or her own funds. Support includes food, shelter, clothing, medical and dental care, education, and similar expenses. If you believe you might provide more than half of the support for the individual, you should complete the support worksheet in IRS Publication 501 (Exemptions, Standard Deduction, and Filing Information). Please note that an individual could qualify as a tax dependent for purposes of the health benefits, but not on your tax return, if that individual earns more than the exemption amount as defined in Code Section 151(d), but still receives more than half of his or her support from you.*

***For the Dependent Care FSA, eligible dependents include:***

- Your current spouse, if your marriage is recognized by state law in the state where you reside,
  - Whose principal place of abode is your household for more than half of the calendar year (temporary absences due to special circumstances, e.g., illness, education, business, vacation, or military service, are disregarded),
  - Who is physically or mentally incapable of caring for himself or herself.
- Your biological child, stepchild, adopted child, child placed for adoption, or foster child (defined as a child placed with the employee by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction), or a descendant of any such child, your brother/sister, half-brother/half-sister, stepbrother/stepmother, or descendant of any such sibling (e.g., niece/nephew),
  - Whose principal place of abode is your household for more than half of the calendar year (temporary absences due to special circumstances, e.g., illness, education, business, vacation, or military service, are disregarded),
  - Who is under age 13,
  - Who has not provided more than one-half of his or her own support\* that year,
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children).
  - In the case of divorced or separated parents, a child is treated as a dependent of the custodial parent (the parent having custody for the greater portion of the calendar year) only.
- Your relative (child described above or descendant of such child (e.g., grandchild), your sibling described above or descendant of any such sibling (e.g., niece/nephew), your parent, parent's ancestor (e.g., grandparent), stepparent, aunt/uncle, parent in-law, son/daughter-in-law, brother/sister-in-law, or someone other than a spouse who is a member of your household for the entire calendar year (and the relationship must not violate local law));
  - Whose principal place of abode is your household for more than half of the calendar year (temporary absences due to special circumstances, e.g., illness, education, business, vacation, or military service, are disregarded),
  - Who receives over half of his or her support\* from you for the calendar year,
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children),
  - Who cannot be claimed as anyone else's Qualifying Child on their federal tax return, and
  - Who is physically or mentally incapable of caring for himself or herself.

*\*To determine whether you provide more than half of the total support for your relative or other person sharing your principal place of abode, you must compare the amount of support you provide with the amount of support the individual receives from all sources, including Social Security, welfare payments, the support you provide, and the support the individual provides from his or her own funds. Support includes food, shelter, clothing, medical and dental care, education, and similar expenses. If you believe you might provide more than half of the support for the individual, you should complete the support worksheet in IRS Publication 501 (Exemptions, Standard Deduction, and Filing Information). Please note that an individual could qualify as a tax dependent for purposes of the health benefits, but not on your tax return, if that individual earns more than the exemption amount as defined in Code Section 151(d), but still receives more than half of his or her support from you.*

## Eligible Dependents for purposes of HSA Reimbursements

Eligible dependents for purposes of your Health Savings Account are determined by your HSA trustee/custodian. In general, HSA accounts recognize the following dependents, as permitted by federal law:

- Your current spouse, if your marriage is recognized by state law in the state where you reside.
- Your biological child, stepchild, adopted child, child placed for adoption, or foster child (defined as a child placed with the employee by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction), or a descendant of any such child, your brother/sister, half-brother/half-sister, stepbrother/stepmother, or descendent of any such sibling (e.g., niece/nephew),
  - Whose principal place of abode is your household for more than half of the calendar year (temporary absences due to special circumstances, e.g., illness, education, business, vacation, or military service, are disregarded),
  - Who is younger than you and is under age 19 (or age 24 if a full time student) as of the end of the calendar year, or who is permanently and totally disabled regardless of age,
  - Who has not provided more than one-half of his or her own support\* that year,
  - Who has not filed a joint tax return (other than only for claim of refund) with his or her spouse for the year, and
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children).
  - In the case of divorced or separated parents, a child is treated as a dependent of both parents.
- Your relative (child described above or descendent of such child (e.g., grandchild), your sibling described above or descendent of any such sibling (e.g., niece/nephew), your parent, parent's ancestor (e.g., grandparent), stepparent, aunt/uncle, parent in-law, son/daughter-in-law, brother/sister-in-law,
  - Who receives over half of his or her support\* from you for the calendar year,
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children), and
  - Who is not anyone else's Qualifying Child.
- Someone other than a spouse who has the same principal place of abode as you for the entire calendar year (temporary absences due to special circumstances, e.g., illness, education, business, vacation, or military service, are disregarded),
  - Who is a member of your household for the entire calendar year (and the relationship must not violate local law),
  - Who receives over half of his or her support\* from you for the calendar year,
  - Who is a citizen or resident of the U.S., or resident of Canada or Mexico (there is an exception for adopted children), and
  - Who cannot be claimed as anyone else's Qualifying Child on their federal tax return.

*\*To determine whether you provide more than half of the total support for your relative or other person sharing your principal place of abode, you must compare the amount of support you provide with the amount of support the individual receives from all sources, including Social Security, welfare payments, the support you provide, and the support the individual provides from his or her own funds. Support includes food, shelter, clothing, medical and dental care, education, and similar expenses. If you believe you might provide more than half of the support for the individual, you should complete the support worksheet in IRS Publication 501 (Exemptions, Standard Deduction,*

*and Filing Information). Please note that an individual could qualify as a tax dependent for purposes of the health benefits, but not on your tax return, if that individual earns more than the exemption amount as defined in Code Section 151(d), but still receives more than half of his or her support from you.*

**Please Note:** This is not the same definition as applies to determine whether an individual is eligible to contribute to their own HSA. This is only the definition that applies when determining whether you can submit expenses to your HSA on behalf of your dependent.