

**BOARD OF PENSIONS
ADMINISTRATIVE RULES**

Section: 1 (Eligibility)	Subject: ADOPTED CHILDREN AND WARDS
Rule Number : 104	
Reference: Article II, Section 2.1 Administrative Rule 203	Resource: Benefits, General Counsel
	Revision Dates: 6/95, 3/98, 5/00, 4/01, 10/08

ADOPTED CHILDREN

Note: All inquiries/processing involving adoption are handled by the Member Services. Please refer any eligibility issue regarding adoption to the Member Services.

Coverage of Adopted Children as Dependents under the Benefits Plan

A member's legally adopted child, or a child who has been placed with the member for adoption, is eligible to be covered as a dependent for all benefits, under the same terms and conditions as a dependent child who is a member's natural child. OBRA '93 prohibits pre-existing condition exclusions for adopted children and mandates coverage when the child is placed with the employee/member for potential adoption. OBRA '93 applies to children under age 18 at the time of placement. The term "placement," or being "placed" for adoption means the member has assumed a legal obligation for total or partial support of the child in anticipation of adoption of the child.

If a member's adopted child was a foster child and, by virtue thereof, is eligible for Medicaid coverage under the member's state law and Title IV-E of the Social Security Act, subject to the Board's confirmation that a waiver is permitted under the law of the state where the child is enrolled for Medicaid coverage, the member may elect to opt such child out of his or her family coverage under the Medical Plan. The election will be effected upon the Board's acceptance of a written request from the member opting out of Medical Plan dependent care coverage for that child. The request shall include a certification by the member that 1) the child is an adopted foster child eligible for Medicaid coverage under state law and Title IV-E of the Social Security Act and 2) that the member understands and acknowledges that the waiver will not change the amount of dues paid by the church or employing organization for Medical Plan dues for the member and the right to reenroll the child will be restricted. If such an election is made, the member will only be able to enroll such child for Medical Plan coverage (1) immediately, upon loss of the Medicaid coverage or (2) as of the following January 1, upon an election by the member to opt in for coverage of the child.

The effective date of termination of coverage will be the first day of the month following the Board receiving all the appropriate paperwork.

Effective Date of Coverage for Adopted Children

Except as otherwise noted herein, the effective date of coverage is the date the member became legally responsible for the custody and support of the child.

Documentation Required

The Board requires a "letter of intent" or court order evidencing the date the member became, or will become, legally responsible for the child's support before a child is added to the member's medical coverage as a dependent. A "letter of intent" is a letter prepared by the agency or attorney handling the adoption, stating that the member is in the process of adopting the child. The member cannot prepare it.

In the case of a newborn child, if the "letter of intent" was prepared before the birth, all eligible birth charges (related to the child) and all subsequent expenses are considered eligible for reimbursement under the Plan.

It is preferable for the Board to receive the "letter of intent" before the birth. However, the Board will accept a copy of the "letter of intent" after the birth, as long as the letter predates the birth.

If the "letter of intent" was prepared after the birth, but before the member took custody of the child (either in the US or overseas), the coverage begins when the member takes custody of the child.

Expenses related to the birth mother are never covered.

LEGAL WARDS

In limited circumstances, a ward of the member may be eligible as a dependent under the medical provisions of the Plan. Pre-existing conditions rules will apply to legal wards.

A child who is related by blood or marriage to a member may be covered as a dependent child under the medical provisions of the Plan if:

1. the child resides permanently with the member;
2. the member has legal custody or guardianship of the child, and

3. the member is providing at least 50% of the child's support.

In administering this rule, the Board will require a copy of the court order or decree establishing the legal custody or guardianship arrangement and proof of residency and support. The Board will accept as proof of residency and support a copy of the member's most recent federal income tax Form 1040 evidencing that the child is claimed as a dependent for tax purposes. In the absence of the Form 1040, a detailed affidavit stating the residency of the child, the child's sources of income, the child's support requirements, the amount of support provided by the member, and a verification that the member provides at least 50% of the child's support, together with an explanation as to why the child is not being declared as a dependent of the member for federal income tax purposes, may be submitted for review to the Board's General Counsel.

The effective date of coverage will be the first day of the month in which the Board receives all the appropriate paperwork. A child's coverage under the medical provisions of the Plan under this rule will continue until attainment of age 21 or, if a full time student, until age 25, or earlier marriage provided that the three conditions set forth above continue to be met.