



OTHER QUALIFIED ADULT HEALTH INSURANCE BENEFITS

This packet contains:

- **Other Qualified Adult Criteria**
- **Other Qualified Adult Questionnaire**
- **Other Qualified Adult Affidavit**

OTHER QUALIFYING ADULTS (OQA)

To enroll an adult sharing your residence as an Other Qualifying Adult (OQA), you are required to complete the forms below and return to the Ingham County Benefit and Insurance office or you can call 517-676-7332 for questions.

Attached are the criteria that must be met in order to have a non-spouse partner or other qualifying adults covered under the County's insurance. This form needs to be completed and returned to the Benefit and Insurance office with the proper documentation. Once received the Insurance Coordinator will contact you and explain the cost of the insurance.

This benefit is not pre-taxed. You would be taxed on the difference between the level of coverage for both the employee's cost and the employer's cost.

Process of enrolling an Other Qualifying Adult (OQA)

STEP 1 - Carefully review the criteria checklist to determine if another adult might qualify under this plan. If, after review of the criteria, they **do not** qualify, you need do nothing else.

If you feel that they might or will qualify under the criteria please continue on to step 2.

STEP 2 - Complete the OTHER QUALIFIED ADULT QUESTIONNAIRE (5 pages) and assemble copies of documents to confirm and validate the criteria and responses to the questionnaire. Both the employee and the requested OQA initials acknowledging specific items and signatures are required.

STEP 3 - Carefully read and review the affidavit and both the employee and the requested OQA must sign the affidavit. **You must have your signatures notarized on the affidavit.**

STEP 4 - Send the criteria checklist, completed questionnaire, and notarize affidavit along with the copies of supporting documentation to the Insurance office in Financial Services Department. Please mark the envelope **Personal and Confidential**. If you use the County courier system, please use a sealed envelope.

STEP 5 – The Insurance Coordinator will review the materials submitted and determine that the requested OQA is or is not qualified.

- If it is determined that the individual does not qualify, a response will be sent via US Mail to your home address indicating why they were disqualified and/or additional information and documentation to make a final determination will be asked.

- If it is determined that the individual is qualified, you will receive enrollment forms and information on the health plan(s) which will accept OQA's as a dependent.

Note: Not all the health carriers will accept OQA's and you may be limited in the carriers in which you may enroll.

STEP 6 - Complete enrollment forms for the health carrier(s) and return them to the Insurance Office in Financial Services Department. The Insurance Coordinator will be available to any questions throughout the process. Be assured that any applications and supporting documentation will be kept strictly confidential.

To add a Domestic Partner, Carriers need the following information:

- Must have continuously resided together for the last 12 months.
- Proof of residence may include a copy of one of the following:

Driver's License
State issued photo Identification card
Voters Registration
Student ID

- Carriers will also need a signed and notarized affidavit or attestation of Domestic Partnership indicating that the parties are in a long-term dedicated relationship with a reasonable amount of intermingled financial responsibilities and household commitments.

Examples could include a lease or mortgage that is signed by both parties, utilities that are in each of the individuals names (shared approximately equally), indication of beneficiary status on life insurance policies, wills or powers of attorney documents or naming of the domestic partner as an emergency contact.

Other Qualified Adult Criteria

Please review these criteria carefully to determine if another adult in your household might be a Other Qualified Adult (OQA) and be eligible to receive health insurance benefits through Ingham County (*the OQA only may be eligible, but not minors or other dependants of the OQA*). If you believe that a OQA may be qualified, complete attached the demographic form and questionnaire.

- 1. The other qualified adult is at least 21 years of age, and is mentally competent to consent to contract.
- 2. The employee and the proposed Other Qualified Adult (OQA) must have continuously shared a residence for a minimum of 18 months immediately prior to the date coverage is requested.
- 3. Other Qualified Adult is not eligible to inherit from the Employee under the laws of intestate succession in the State of Michigan.
- 4. Other Qualified Adult is not related by blood to a degree of closeness than would prevent legal marriage in Michigan.
- 5. Neither Employee nor Other Qualified Adult is married (even if legally separated).
- 6. The OQA adult is not eligible for coverage through Ingham County as an employee or retiree.
- 7. Evidence that at least **THREE (3)** of the following are true (three of A, B, C, or D) (*please check which ones apply*):
 - A. Employee and Other Qualified Adult have a common or joint ownership of their primary residence (home, condominium, or mobile home)
 - OR-**
 - B. Employee and Other Qualified Adult have at least **TWO (2)** of the following arrangements (two of 1, 2, 3, or 4) (*please check which ones apply*):
 - 1) Joint ownership or lease of a motor vehicle; or
 - 2) Joint bank account(s); or
 - 3) Joint credit card account; or
 - 4) A lease for a residence identifying both the Employee and Other Qualified Adult as tenants
 - OR-**
 - C. The Other Qualified Adult has been designated as the primary beneficiary for at least **TWO (2)** of the following (two of 1, 2, or 3) (*please check which ones apply*):
 - 1) Employee's life insurance; or
 - 2) Employee's will or living trust; or
 - 3) Employee's MERS retirement contract
 - OR-**
 - D. Evidence that the Employee and Other Qualified Adult have mutual durable power of attorney for health care and financial management for each other.
- 8. Other Qualified Adult is not eligible for coverage under any other insurance plan providing medical benefits that the County of Ingham contributes toward the premium, whether through another County employee or a County retiree.
- 9. Other Qualified Adult is not covered by, or eligible for coverage, under any other insurance plan providing comparable medical benefits through any other employer, or through a federal, state, or local plan (such as Medicare, Veterans Administration, etc.)

OTHER QUALIFIED ADULT

Enrolling an individual as an **OTHER QUALIFIED ADULT (OQA)** is a privilege provided to you by Ingham County as provided by your bargaining unit. Not all bargaining units are participating. The OQA only may be eligible, but not minors or other dependants of the OQA. To determine if your union is qualified to participate, please see the list in the criteria section of this packet.

Please complete the requested information on these forms entirely. It is important that we qualify individuals appropriately within this plan.

Employee Name		SSN		Employee Number	
Address		City		ST	ZIP
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed/divorced		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Bargaining Unit	Department			Hire Date	
Home Phone	Home E-mail				
Status <input type="checkbox"/> Full Time <input type="checkbox"/> ¾ Time <input type="checkbox"/> Part/Shared Time					
Current Health Plan <input type="checkbox"/> PHP <input type="checkbox"/> MERS Premier Health <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Waiver					

REQUESTED OTHER QUALIFIED ADULT INFORMATION

Name		SSN			
Address		City		ST	ZIP
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed/divorced		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, work status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed			
Employer(s)		Address			Telephone
1					
2					

Does the Requested OQA currently have HEALTH insurance coverage?

<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes indicate source of coverage	Carrier	Monthly cost
<input type="checkbox"/>	Individual policy obtained directly from carrier		
<input type="checkbox"/>	Health insurance provided through active employment		
<input type="checkbox"/>	Health insurance provided through retirement plan		
<input type="checkbox"/>	Health insurance provided through disability plan		
<input type="checkbox"/>	Health insurance provided through publicly funded plan i.e. Medicaid, Ingham Health Plan, Medicare Disability		

Does the Requested OQA currently have PRESCRIPTION insurance coverage?

<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes indicate source of coverage	Carrier	Monthly cost
<input type="checkbox"/>	Individual policy obtained directly from carrier		
<input type="checkbox"/>	Health insurance provided through active employment		
<input type="checkbox"/>	Health insurance provided through retirement plan		
<input type="checkbox"/>	Health insurance provided through disability plan		
<input type="checkbox"/>	Health insurance provided through publicly funded plan i.e. Medicaid, Ingham Health Plan, Medicare Disability		

If accepted as an OQA, will they keep any plans in which they are currently enrolled?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes indicate which plans they will maintain)
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Prescription Insurance

Is the requested OQA covered by Medicare?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the requested OQA disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Employee Name	QA Applicant	Page 2

Other Qualified Adult Questionnaire

You must answer all questions. Some Questions are disqualifiers. If the answer indicates that this person is not eligible, you need go no further. If the answer does not disqualify the requested OQA on that criteria, both employee and requested OQA should initial ***each line***.

1. **Is the individual for whom you are requesting benefits coverage for 21 years of age or older?**

Yes
Employee Initials _____
Requested OQA Initials _____

No, this person is not qualified

2. **Is the individual for whom you are requesting benefits mentally competent to consent to a contract?**

Yes
Employee Initials _____
Requested OQA Initials _____

No, this person is not qualified

3. **Have the employee and requested OQA shared a residence *continuously* for the 18 months immediately prior to the date benefits are requested?**

Yes
Employee Initials _____
Requested OQA Initials _____

No, this person is not qualified

4. **Is the requested OQA eligible for coverage through an Ingham County insurance plan providing medical benefits through employment or as a retiree?**

Yes, this person is not qualified

No
Employee Initials _____
Requested OQA Initials _____

5. **Is the requested OQA eligible to inherit from the Employee under the laws of intestate succession in the State of Michigan?**

Yes, this person is not qualified

No
Employee Initials _____
Requested OQA Initials _____

Continued on next page

Employee Name	QA Applicant	Page 3

6. Please indicate which of these statements are true by initialing each accurate line.

- a. The employee and requested OQA have joint ownership of their primary residence?
Employee Initials _____ Requested OQA Initials _____
- b. The employee and requested OQA have joint ownership or lease of a motor vehicle?
Employee Initials _____ Requested OQA Initials _____
- c. The employee and requested OQA have joint ownership of a checking account or savings accounts?
Employee Initials _____ Requested OQA Initials _____
- d. The employee and requested OQA have joint credit accounts?
Employee Initials _____ Requested OQA Initials _____
- e. The employee and requested OQA have lease for their residence identifying both the Employee and Other Qualified Adult as tenants.
Employee Initials _____ Requested OQA Initials _____

7. Please indicate which of these statements are true by initialing each accurate line.

- a. The **employee** has a durable power of attorney for the **requested OQA** for health care?
Employee Initials _____ Requested OQA Initials _____
- b. The **Requested OQA** has a durable power of attorney for the **employee** for health care?
Employee Initials _____ Requested OQA Initials _____
- c. The employee has a durable power of attorney for the Requested OQA for financial management?
Employee Initials _____ Requested OQA Initials _____
- d. The **Requested OQA** has a durable power of attorney for the **employee** for financial management?
Employee Initials _____ Requested OQA Initials _____
- e. The **employee** has named the **Requested OQA** as a primary beneficiary of a life insurance contract held by the employee?
Employee Initials _____ Requested OQA Initials _____
- f. The **employee** has named the **requested OQA** as a primary beneficiary of a retirement account (MERS) held by the employee?
Employee Initials _____ Requested OQA Initials _____
- g. The **employee** has named the **Requested OQA** as a primary beneficiary on the **employee's** will or living trust?
Employee Initials _____ Requested OQA Initials _____

Continued on next page

Employee Name	QA Applicant	Page 4

8. **Is the requested OQA employed?** Yes No
- a. If Yes, indicate work status
- Full Time Contractor
- Part time Self Employed
- b. If Yes, is **HEALTH** insurance available to the OQA through their employer
- No Yes- fully paid by employer Yes- fully paid by employee
- Yes- premium shared by employer and employee
- c. If Yes, is **PRESCRIPTION** insurance available to the OQA through their employer
- No Yes- fully paid by employer Yes- fully paid by employee
- Yes- premium shared by employer and employee

9. **Is the OQA covered by, or eligible for coverage, under any federal, state, or local government plan (such as Medicare, Veterans Administration, etc.)**
- Yes No
- If Yes, describe the plan _____

[If the requested OQA has access to a comparable plan and reasonable costs through his/her employment or through a retirement plan from a previous employer, or through a federal, state or local government plan, they are not eligible for this plan.

You may be asked to present a copy of their health plan and proof of contribution and benefits comparisons.

Availability of other coverage does not necessarily disqualify the OQA applicant. Plan comparisons including benefits and premium sharing requirements will be reviewed on a case by case basis and compared against the Ingham County Employees plan that has the largest number of members from Ingham County.]

10. **Is the employee eligible for coverage through the requested OQA's insurance plan(s)?**
- Yes No
- Employee Initials _____ Requested OQA Initials _____

11. **If yes, is the employee currently covered through the requested OQA's insurance plan(s)?**
- Yes No
- Employee Initials _____ Requested OQA Initials _____

12. **Is the requested OQA eligible for a waiver or "opt out" payment if they do not accept insurance through their employer?**
- Yes No
- Employee Initials _____ Requested OQA Initials _____

Continued on next page

Employee Name	QA Applicant	Page 5

I/we attest that the statements here and on the accompanying forms are true to the best of my/our knowledge. If I/we knowingly present false information and are provided benefits through an Ingham County employee health plan, I/we will be liable for all costs incurred including costs of claims, legal costs to recover payments, and any premiums paid on my/our behalf. The employee may be subject to disciplinary action up to and including termination.

Employee Signature _____ Date _____

OQA Signature _____ Date _____

