



Household Member Enrollment Form

The Household Member program is a 3-year pilot program effective September 2008 that expands the eligibility criteria for enrollment in Grand Valley State University's benefit plans.

GVSU reserves the right to change the eligibility criteria or to suspend or terminate the Household Member benefit program, at any time, including any coverage then being provided.

Requirements

Under the Household Member program, a GVSU faculty/staff member who does not already enroll a spouse in the health or other benefit plans may enroll one adult individual for benefit coverage but only if all of the following eligible criteria are met:

- The faculty/staff member is eligible for GVSU's benefits
- The Household Member, at the time of proposed enrollment, resides in the same residence as the faculty/staff member and has done so for the previous 18 continuous months, other than as a tenant.
- The Household Member is not a "dependent" of the employee as defined by the IRS.

Children of a Household Member are also eligible for this benefit if they are members of the faculty/staff member's household and meet IRS dependent criteria as well as university dependent coverage policy (up to age 19, or while a student).

Eligibility for coverage of a Household Member, or of a Household Member's dependent, ceases on the date that the above criteria are not met.

The following individuals are not eligible for participation in this program:

- Children of faculty/staff and their descendents (children, grandchildren)
- Parents of faculty/staff
- Parents' other descendents (siblings, nieces, nephews)
- Grandparents and their descendents (aunts, uncles, cousins)
- Renters, boarders, tenants

This program does not affect the rights of or criteria applicable to any faculty/staff member qualifying for enrollment in GVSU's benefit plans under any other applicable University policy. Household Member enrollment must be completed during the open-enrollment period or no more than 30 days after all of the above criteria are met.

Grand Valley State University reserves the right to change the eligibility criteria or to suspend or terminate the HM program, including any coverages then being provided at anytime.

Household Member enrollment form must be completed during the regular enrollment period or no more than 30 days after all the above criteria are met.

I wish to enroll the following Household Member in the GVSU medical and/or dental plan(s):

Name of Household Member: _____ (please print) Effective Date: _____

Household Member Birth Date: _____ Social Security Number: _____

This is to certify that the person named above meets all the eligibility criteria for the Household Member. I also certify that I have read the frequently asked questions and understand that I will be responsible for paying any taxes associated with enrolling a Household Member. I also understand that any information falsified on this document may result in discipline up to and including termination from employment.

Faculty/Staff Member Name: _____ (please print) Banner G Number: _____

Faculty/Staff member Signature: _____ Date: _____