2019 UHG Dependent Eligibility Rules and Requirements

Your Dependent must meet the definition as indicated in the left column and as supported by documentation in the right column. You will be asked to enter a birth date and a Social Security Number (SSN) as part of your enrollment on the benefits enrollment site for each dependent. If your dependent is a foreign national or you are in the process of waiting for a valid SSN for a newborn or adopted child, please call HRdirect at 800-561-0861, when prompted select Option 1.

Within one to three weeks after you enroll your new dependent(s), a packet with instructions will be mailed to your home address requesting documentation to support dependent eligibility (right column below) to verify your dependent(s). You will have 45 days to provide the appropriate documentation. If you don’t provide the appropriate documentation, your dependent(s) will be terminated from your health coverage(s).

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<td><strong>Spouse</strong></td>
<td>• Government-Issued Marriage Certificate* (for common-law spouse, the Notarized Common-Law Spouse Affidavit) and</td>
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<td>• Federal Tax Return filed with the IRS within last year listing your spouse (except in the year of marriage); or</td>
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<td>• Proof of Joint Ownership issued within last 6 months. This may include one of the following: o Mortgage statement, lease or deed naming both you and your spouse; o Bank statement listing both you and your spouse; o Property Tax Statement of both parties’ names as co-owners o Utility bill listing both you and your spouse.</td>
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<td>*If married within last 12 months, only need this for proof.</td>
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**Note:** A former spouse, a spouse from whom you are legally separated, or a spouse with respect to whom an annulment or decree of separate maintenance is in effect, is not your spouse.

| Domestic Partner             | • Notarized Affidavit of Domestic Partnership or Certificate of Domestic Partner Registration; and |
|                             | • Proof of Joint Ownership issued within the last 12 months showing you and your domestic partner has lived together in an exclusive relationship for at least one year. This may include one of the following: o Rental/lease agreement o Property tax statements with both parties’ names as co-owners o Utility bill listing both you and your domestic partner. |
|                             | • To cancel coverage at any time other than Open enrollment you will be required to complete an Affidavit of Termination of Domestic Partnership. |

A person of the same or opposite gender is your domestic partner, if your relationship satisfies all of the following requirements:

- You and your domestic partner have lived together in an exclusive relationship for at least one year, and intend to keep doing so for a long-lasting and indefinite time period;
- You and your domestic partner share financial responsibility or your partner is financially dependent on you;
- You and your domestic partner are not legally barred from entering into a marriage for reasons of an existing marriage, age, mental competency or blood relationship;
- Neither you nor your domestic partner is in a domestic partnership with anyone else;
- You and your domestic partner have not entered into a domestic partnership solely for the purpose of obtaining benefits; and
- Neither you nor your domestic partner has notified UnitedHealth Group that your domestic partnership has been terminated.

If you have questions, call HRdirect at 800-561-0861, when prompted select option 1. The information presented here is subject to applicable laws, regulations, as well as UnitedHealth Group policies and plan documents. If any discrepancy exists, the UnitedHealth Group policies and plan documents govern.
## Dependent Eligibility Rules

### Dependent Child
- Any child who is the biological child, legally adopted child, or stepchild of you and/or your spouse or domestic partner, and any child who is placed in your home as a foster child or for legal adoption by you and/or your spouse or domestic partner or for whom you and/or your spouse or domestic partner have legal guardianship, if the child is under age 26.
- You may cover your grandchildren under the Employee Health Benefit Program if you will claim your grandchild as a dependent on your federal tax return for the calendar year for which you are providing coverage to the grandchild, and your grandchild meets all of the following eligibility requirements:
  - Is unmarried;
  - Provides no more than one-half of his or her own financial support for the year;
  - Has your home as his or her principal place of abode for more than one-half of the year (for this purpose, temporary absences because of illness, education, vacation or military service do not reduce the grandchild's period of residence); and
  - Is under age 26.

### Disabled Dependent Child
For any child who otherwise satisfies the requirements to be a dependent child, coverage under the Company’s Medical, Dental, Vision and Life Insurance Programs can extend beyond age 26 if all of the following additional requirements are met:
- The child becomes disabled prior to attaining age 26 and while covered under the Company’s Medical, Dental, Vision or Life Insurance Programs or the child became disabled prior to attaining age 26 and while covered under another group medical, dental, vision or life insurance plan and lost coverage under another group plan;
- The child is severely disabled by permanent physical or mental incapacity (medical proof of Disability is required);
- The child remains unmarried and dependent on you for support because he or she is incapable of earning a living due to the disability; and
- The child is incapable of caring for himself or herself due to the disability.
- Determinations of eligibility and continued coverage are made by UnitedHealthcare.

### Documentation to Support Dependent Eligibility
- **Government-Issued** Birth Certificate; unless child less than three months of age, hospital-issued birth certificate.
- **Adopted Child**: Adoption Certificate or Placement Agreement
- **Step-Child**: both documents to verify Spouse, Common-Law Spouse or Domestic Partner
- **Legal Ward**: Court Order Document of Guardianship
- **Grandchild**: Parent Government Issued Birth Certificate (including parents’ names) and Tax Return Issued within Last Year claiming Grandchild
- **Foster Child**: Foster Care Letter of Placement

If you are enrolling a dependent child under three months of age, the SSN is not required until the dependent reaches three months. Once you receive the SSN for your child you will then be required to contact HRdirect and provide the SSN. If the SSN is not provided, your dependent child may be dropped from coverage.

If you are enrolling a dependent child under three months of age, hospital-issued birth certificate.

### People Who Are Not Eligible Dependents
The following people are not eligible dependents and you cannot enroll them, or request benefits with respect to them, in UnitedHealth Group’s benefit plans:
- Former spouses, a spouse from whom you are legally separated, or a spouse with respect to whom an annulment or decree of separate maintenance is in effect, and/or former domestic partners;
- Former domestic partners;
- Former spouses, a spouse from whom you were legally separated, or a spouse with respect to whom an annulment or decree of separate maintenance is in effect, and/or former domestic partners.

Please note: You will also be required to provide documentation as described above under “Dependent Child” and provide a Federal Tax Return within the last year claiming the child.

Contact HRdirect at 1-800-561-0861, option 1 to determine if you meet the eligibility requirements. If you do, HRdirect will provide you with the certification form you will need to complete and submit for approval before the dependent can be enrolled.

If you have questions, call HRdirect at 800-561-0861, when prompted select option 1. The information presented here is subject to applicable laws, regulations, as well as UnitedHealth Group policies and plan documents. If any discrepancy exists, the UnitedHealth Group policies and plan documents govern.
• Parents, sisters and brothers;
• Aunts, uncles and cousins;
• Friends and neighbors; and
• Nannies, au pairs or other caregivers.

This list is not all-inclusive and merely identifies the more commonly encountered people who cannot be enrolled in these benefit plans.