

BZI is committed to ensuring that our benefits program remains sustainable and equitable by maintaining clear guidelines regarding dependent eligibility and ensuring only qualified dependents are enrolled in our group plan.

Please review the following list to ensure you have enrolled only eligible dependents on your plan.

Who is a qualified dependent? *(can be enrolled in your insurance)*

A dependent is a person who is eligible to be added to a policyholder's health insurance coverage. You may be asked to provide supporting documentation.

A dependent may be;

- Spouse
- Domestic partner (must submit affidavit)
- Child(ren), biological, adopted, domestic partners children, and stepchildren.
- Other dependents in special circumstances requiring documentation.
 - Grandchild, Foster child, siblings for whom you have been granted Legal Guardianship by a judge.
 - Adult child (over the age of 26) with a disability

Who is not a qualified dependent? *(cannot be enrolled on your insurance)*

- Siblings not under legal guardianship regardless of their tax dependent status.
- Grandparents
- Parents
- Roommates
- Girlfriend/Boyfriend for whom you are not living with as domestic partners
- Legally separated spouse or ex-spouse regardless of statement of insurance continuance in divorce decree.
- Individuals already enrolled in BZI insurance with coverage for themselves as a BZI employee or as a dependent of another employee of BZI.

RIGHT TO CHECK A DEPENDENT'S ELIGIBILITY STATUS: The Plan reserves the right to check the status of a dependent at any time throughout the year.

IMPORTANT: It is your responsibility to notify the BZI HR Department within 60 days if your dependent no longer meets the criteria listed in this section. If, at any time, the dependent fails to meet the qualifications of a dependent, the Plan has the right to be reimbursed from the dependent or employee for any medical claims paid by the plan during the period that the dependent did not qualify for coverage.

I hereby confirm that I have thoroughly reviewed the criteria for qualified dependents and have examined the list of individuals covered under my insurance plan. I affirm that there are no ineligible dependents listed on my plan.

Employee Signature

Date