

## **WHO IS COVERED?**

### **Members**

The following members are covered by the Welfare Fund: (1) all employees of the Board of Education of the City of Yonkers covered by the collective bargaining agreement between the Board of Education of the City of Yonkers and the Yonkers Federation of Teachers for whom contributions are payable to the Yonkers Federation of Teachers Welfare Fund; (2) any other employees of the Board of Education of the City of Yonkers that may be deemed eligible by the Board of Trustees, (3) Retired employees who maintained active membership in the Yonkers Federation of Teachers and/or the Yonkers Council of Administrators, as defined by those respective bodies for the ten consecutive years preceding retirement and (4) the employees of the Yonkers Federation of Teachers, provided contributions on their behalf are made to the Yonkers Federation of Teachers Welfare Fund.

### **Dependents**

Dependents of covered members are covered for the dental, prescription drug, optical, prescription appliance and hearing aid plans. Dependents, as defined by the Fund, are (1) your spouse or domestic partner or (2) your children.

### **Your Children**

The following children are eligible for coverage until age 26:

- Your natural child
- Your stepchild
- Your domestic partner's child
- Your legally adopted child, including a child in a waiting period prior to finalization of adoption
- Your "other" child

### **Your "other" child**

You may cover "other" children:

- Who are financially dependent on you
- Who reside with you

The above requirements must have been met before the "other" child is age 19. "Other" children may be covered through age 26 if they continue to meet the eligibility requirements listed above. You must file the Fund's *Enrollment or Recertification of an "Other" Child Form*, verify eligibility and provide required documentation upon enrollment and every two years thereafter.

## **Your disabled child**

You may cover your disabled child who is age 26 or older if the child:

- Is unmarried
- Is incapable of self-sustaining support by reason of mental or physical disability
- Acquired the disabling condition before they would otherwise have lost eligibility due to age

Contact the Fund prior to your child's 26th birthday (or 19th birthday for an "other" child with disability) to begin the review process. To apply for coverage for your disabled child, you must submit the *Statement of Disability for Dependents Form* to the Fund's third-party administrator and provide medical documentation. You must complete the *Statement of Disability for Dependents Form* and provide medical documentation to certify the child's disability periodically based on Social Security Administration criteria. If this dependent is also an "other" child, you will be required to resubmit the *Enrollment or Recertification of an "Other" Child as a Dependent Form* every two years (at minimum).

Your domestic partner, defined as a person, eighteen years of age or older, unmarried, not related by blood to the member, who share an exclusive and mutual commitment with the member to continue in a close, committed relationship sharing responsibility for each other's welfare and financial obligations, who lives with the member on a continuous basis, has lived with the member on a continuous basis for at least two (2) years, and who continues living with the member for the period during which benefits are requested.

A person may be enrolled for benefits as a domestic partner if:

- His/her partner is a teacher or building administrator employed by the Yonkers Board of Education at the time of enrollment/application for the period during which he or she is enrolled, and
- That teacher or building administrator is an employee for whom the Fund receives a contribution, or
- If his or her partner is a teacher or building administrator retired from employment by the Yonkers Board of Education, and
- Is a retiree who has continued his or her membership in the Welfare Fund according to all of its rules and regulations in that regard.

Dependent coverage is also extended to dependent parent(s) of a covered member provided the member has neither a spouse nor children. To establish eligibility, the member must submit a copy of his/her Federal income tax return once a year to the Fund Office in order to verify the dependency of the parent(s).

If your marital or domestic partner status changes or if you acquire additional dependents, notify the Fund Office and submit a new enrollment card. If you fail to timely notify the Fund office of a divorce or dissolution of a domestic partnership and your former spouse or domestic partner incurs claims paid by the Fund, you will be held financially responsible for repayment of those claims to the Fund.