

2015 Open Enrollment



District Personnel Manual Bulletin No. 21A-11 & 21B-21

Effective Date	Expiration Date	Related DPM Chapters
November 4, 2014	December 31, 2014	21

Overview

The District of Columbia Government strives to provide its employees a competitive benefits package and access to the most information concerning those benefits. This bulletin outlines the information, the process, and guidelines for this year’s open enrollment season, which runs from **November 12, 2014 to December 12, 2014**.

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Covered Employees

1. **Federal Employee Health Benefits (FEHB).** The FEHB is applicable to individuals first employed by the District government on or before September 30, 1987; and individuals first employed by the District government prior to October 1, 1987 in benefits eligible positions, who subsequently terminate such employment and become reemployed with the District government on or after October 1, 1987.
2. **District of Columbia Employee Health Benefit (DCEHB).** The DCEHB is applicable to individuals first employed by the District government on or after October 1, 1987 in benefits eligible positions.
3. **Benefits Eligible Positions.** Employees in a “benefits eligible positions” are also eligible to participate in the some of the benefit programs (i.e. Health Care Flex Spending Account, Dependent Care Flex Spending Account, Short-Term Disability, and Long Term Disability, Vision and Dental, or Commuter Benefit Programs).

Provisions Concerning the FEHB and DCEHB Programs

1. Employees who are currently enrolled in a health plan and do not wish to make a change in their present coverage do not need to take any action during open season. However, employees are encouraged to review their benefits to ensure that they have proper coverage.
2. Employees participating in the FEHB or DCEHB Programs must elect to participate in the premium conversion at the time of election, unless they elect to waive participation. There are tax benefits for participating in premium conversion, and employees may cancel or change to a “Self Only” plan only during annual open enrollment, or when a Qualifying Life Event (QLE) occurs. Premium conversion tax benefits allow an employee to allot a portion of his or her salary back to the employer, which the employer then uses to pay the employee’s health insurance coverage. This allotment is made on a pre-tax basis, which means that the money is not subject to federal income, Medicare, or Social Security Taxes.
3. Eligible employees not enrolled may enroll during open season.
4. Eligible employees may enroll or switch health plans or options during open season;
5. Eligible employees may enroll themselves and “eligible family members” in a health plan offered under the FEHB or DCEHB Programs.
6. The effective date of coverage for enrollments and changes for the FEHB and DCEHB is the first full pay period on or after **January 11, 2015**.

Documentation for Dependent Coverage

1. An employee who is enrolling or changing to “Self + 1 or Family” under the DCEHB, or “Self and Family” under the FEHB shall submit the following **proof of eligibility** of a family member(s) to the DCHR’s Benefits & Retirement Services, as applicable:
2. Spouse (*Provide a copy of one (1) of the following*):

- a. Most recently filed Form 1040¹ U.S. Individual Income Tax Return with the filing status marked either (2-Married filing jointly or 3-Married filing separately). The financial information and dependents' social security numbers may be blacked out;
 - b. Proof of shared residence (example: a utility bill) and marriage certificate*;
 - c. Proof of financial interdependency (example: a shared bank statement. Black out financial information) and marriage certificate*;
 - d. Petition for dissolution of marriage (divorce); or
 - e. Legal separation notice;
3. **State-Registered Domestic Partner or Legal Union Partner** (*Provide a copy of one of the following*):
- a. Proof of shared residence (example: a utility bill) and certificate/card of state-registered domestic partnership²;
 - b. Proof of financial interdependency (example: a shared bank statement. Black out financial information) and certificate/card of state-registered domestic partnership³;
 - c. Petition for invalidity (annulment) of domestic partnership or legal union;
 - d. Petition for dissolution of domestic partnership or legal union; or
 - e. Legal separation notice of domestic partnership or legal union.
4. **Child(ren)** (*Provide a copy of one of the following*):
- a. Most recently filed Form 1040⁴ U.S. Individual Income Tax Return that includes the child(ren) as a dependent(s). The financial information and dependents' social security numbers may be blacked out;
 - b. Birth certificate (or hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner⁵;
 - c. Certificate or decree of adoption;
 - d. Court-ordered parenting plan;
 - e. Medical Support Notice;
 - f. Original Foster child certification **and** a copy of documentation of regular and substantial support of the child (See Section 5. for examples of documentation of regular and substantial support);
 - g. Disabled Child: Medical verification of disability prior to age 26;

¹ You can submit one copy of your tax return if it includes all family members that require verification.

² If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.

³ If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.

⁴ You can submit one copy of your tax return if it includes all family members that require verification.

⁵ If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB or FEHB coverage.

- h. Legal Custody: Copy of Court Order granting legal custody; or
 - i. Step Child: Birth Certificate⁶, Copy of Marriage Certificate, Divorce Decree or Custody Papers;
5. More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained.
- a. Evidence of eligibility as a dependent child for benefits under other State or Federal programs;
 - b. Proof of inclusion of the child as a dependent on the enrollee's income tax returns;
 - c. Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; or
 - d. Evidence of goods or services which show regular and substantial contributions of considerable value.
6. Employees must submit the above supporting documentation **by January 12, 2015** of health benefits enrollment/change. Failure to submit supporting documentation **may** result in cancellation of health benefits.

Flexible Spending Programs

1. The District government offers the Health Care Flexible Spending Account (HCFSA) Program and the Dependent Care Flexible Spending Account (DCFSA) Program. Eligible employees interested in participating in either of the programs must elect to participate for the 2015 plan year.
2. Eligible employees may enroll in or re-enroll in the HCFSA or DCFSA electronically during the open season, by close of business on **Friday, December 12, 2014**. Late enrollments will not be accepted during the year.
3. Employees may enroll and elect up to a maximum of \$2,550 for health care and a maximum of \$5,000 for dependent care. Once enrolled, employees **may not** change their election, unless there is a qualifying event, such as: change in marital status; change in the number of dependents, etcetera.
4. Eligible employees who chose to re-enroll will be allowed to carryover up to \$500 of unused end-of-the-year balance into 2015.
5. Employees who choose to enroll or re-enroll in the HCFSA or the DCFSA, or both, will have funds deducted from their paycheck beginning the first paycheck after January 11, 2015.

Short and Long-Term Disability Insurance Programs

Eligible employees interested in participating in the Short-Term or Long-Term Disability Programs must enroll electronically during the open season enrollment period (November 10 through December 12, 2014). Deductions for both disability programs are done on an after-tax basis.

⁶ If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB or FEHB coverage.

Vision, Dental and Commuter Benefit Programs

1. Eligible employees interested in participating in the Vision and Dental must enroll electronically during the open season enrollment period (November 10 through December 12, 2014).
2. Employees may also enroll at any time in the Commuter Benefits Program, which allows up to a maximum of \$245 per month for parking and \$245 per month for transit in pre-tax contributions. Once enrolled, an employee may make changes to the amount deducted not to exceed the maximum amount or cancel.

AFLAC Indemnity Plans

Eligible employees interested in participating in the AFLAC Indemnity Plans (AFLAC) must enroll during the open season enrollment period (November 10 through December 12, 2014) through an AFLAC representative. Employees already enrolled may make changes or cancel the plan during this period. Deductions for AFLAC are done on an after-tax basis. Employees may visit with an AFLAC representative at one of the open enrollment events or call (202) 442-9718.

Failure to Enroll

An employee who is eligible to participate in the District government's benefits programs addressed in this bulletin, but fails to enroll during open season will only be permitted to enroll after the enrollment period if he or she has a **Qualifying Life Event** such as the birth of a child, marriage, etc.; or during next year's open enrollment.

ESS Process

1. Eligible employees must enroll or make enrollment changes through the Employee Self Service (ESS) in the PeopleSoft System no later than December 12, 2014. Employees can access ESS as follows:
 - a. Go to your website browser and enter <https://ess.dc.gov>;
 - b. Click on **Self Service**;
 - c. Click on **Benefit Enrollment**;
 - d. Click on **Select Button** (Highlighted in Yellow);
 - e. Begin selection of benefit plan offer listings (i.e., Health, Dental, Vision, etc.);
 - f. After benefit selections have been made, Click on **Continue Button** at bottom of page;
 - g. Return to bottom of page and click on **Continue Button** again;
 - h. Return to bottom of page and click on **Submit Button**; and
 - i. **Retain Email Confirmation** that will be sent to your government email box after clicking on Submit Button.
2. Employees must submit copies of the email confirmation and the supporting documentation, as outlined in Submission of Documentation for Dependent Coverage section in this bulletin, to the DCHR's Benefits and Retirement Services, at 441 4th Street, N.W., Suite 340N, Washington, D.C. 20001, or via email at dchr.benefits@dc.gov, **within 30 days** of health benefits enrollment/change. Moreover, be aware that the submission of fraudulent documentation **may result** in disciplinary action up to and including removal and a lapse in coverage, and criminal prosecution.

Responsibilities

Agency Human Resource Advisors are responsible for performing the following:

1. Notifying agency employees of the open season enrollment period, and

2. Informing agency employees that they must complete the online registration process at <https://ess.dc.gov> in the PeopleSoft System to enroll or make changes to their benefits during the open season enrollment period.

Applicability

The provisions of this bulletin apply to those District government agencies which are subordinate to the Mayor's personnel authority. Other personnel authorities or independent agencies may adopt any or all of these provisions to provide guidance to employees under their respective jurisdictions

Definitions

As used in this bulletin-

- A "benefits eligible position" means: (1) a full-time or part-time permanent position; (2) a term position of at least 13 months; or (3) an "at-will" indefinite position. For all three (3) categories of benefits eligible positions an employee must work at least twenty (20) hours per workweek.
- An "eligible family member" means: (a) spouse; (b) domestic partner; (c) children under the age of 26, including legally adopted children, stepchildren, foster children, and recognized natural (born out of wedlock) children.

Inquiries

Inquiries concerning the provisions of the DPM bulletin can be directed to the Benefits & Retirement Services, DCHR, by calling (202) 442-7627 or via email at dchr.benefits@dc.gov.



Shawn Y. Stokes
Director

Attachment 1 – Certification for Foster Children



CERTIFICATION FOR FOSTER CHILDREN

This is to certify that I have been informed of the following requirements for coverage of a foster child in the Federal Employee's Health Benefits Program or the District Employee's Health Benefits Program:

- The child must be under age 26 (if the child is age 26 or older, he/she can be covered if he/she is incapable of self-support because of a disabling condition that began before age 26. I must provide documentation of this to the D.C. Department of Human Resources (DCHR);
- The child must currently live with me;
- I must currently be the primary source of financial support for the child;
- The parent-child relationship must be with me, not the biological parent. This means that I exercise parental authority, responsibility, and control. I care for, support, discipline, and guide the child. I make the decisions about the child's education and health care; and
- I must expect to raise the child into adulthood.

I understand that if the child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability, or unless I obtain a court order taking parental responsibility away from the biological parent.

This is to certify that _____ (name of child) lives with me; I am the primary source of financial support for this child; I have a regular parent-child relationship with this child, as described above; and I intend to raise this child into adulthood.

I have provided DCHR proof of my regular and substantial support for _____ (name of child) by providing more than one (1) of the following:

- Evidence of eligibility as a dependent child for benefits under other State or Federal programs;
- Proof of inclusion of the child as a dependent on the enrollee's income tax returns;
- Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; or
- Evidence of goods or services which show regular and substantial contributions of considerable value.

I will immediately notify DCHR and the health benefits carrier if this child moves out of my home, or ceases to be financially dependent on me.

Print name of Subscriber

Social Security Number

Subscriber Signature

Date

Subscribed and sworn (or affirmed) before me this _____ of _____, _____
Day Month Year

Signature of Officer

(SEAL)

DCSF No. 21-03 (Revised 11-2014)

Attachment 2 –Government of the District of Columbia Health Benefit Plan Premiums

2015
 Government of the District of Columbia
 Health Benefit Plan Premiums
 DC Employee Health Benefits (Employees Hired After 10/1/1987)

Carrier	Plan	Family Status	Total Monthly		Monthly District Contribution		Monthly Employee Contribution		Total Bi-Weekly		Bi-Weekly District Contribution		Bi-Weekly Employee Contribution	
			2015 Rate		Contribution		Contribution	2015 Rate	Contribution	2015 Rate	Contribution	Contribution	Contribution	
Aetna	HMO	Self	\$611.52	\$458.64	\$152.88	\$282.24	\$211.68	\$70.56						
		Self + 1	\$1,202.06	\$901.55	\$300.51	\$554.80	\$416.10	\$138.70						
		Family	\$1,767.14	\$1,325.36	\$441.78	\$815.60	\$611.70	\$203.90						
Aetna	PPO	Self	\$657.49	\$493.12	\$164.37	\$303.46	\$227.60	\$75.86						
		Self + 1	\$1,292.43	\$969.32	\$323.11	\$596.51	\$447.38	\$149.13						
		Family	\$1,900.01	\$1,425.01	\$475.00	\$876.93	\$657.70	\$219.23						
Aetna	CDHP	Self	\$375.28	\$281.46	\$93.82	\$173.21	\$129.91	\$43.30						
		Self + 1	\$737.68	\$553.26	\$184.42	\$340.47	\$255.35	\$85.12						
		Family	\$1,084.47	\$813.35	\$271.12	\$500.52	\$375.39	\$125.13						
Kaiser	HMO	Self	\$505.18	\$378.89	\$126.29	233.16	\$174.87	\$58.29						
		Self + 1	\$964.90	\$723.68	\$241.22	445.34	\$334.01	\$111.33						
		Family	\$1,480.18	\$1,110.14	\$370.04	683.16	\$512.37	\$170.79						
LHC	HMO/Choice	Self	\$566.32	\$424.74	\$141.58	\$261.38	\$196.04	\$65.34						
		Self + 1	\$1,061.67	\$811.25	\$270.42	\$499.23	\$374.42	\$124.61						
		Family	\$1,659.30	\$1,244.48	\$414.82	\$765.83	\$574.37	\$191.46						

Attachment 3 – Non-Postal Premium Rates for the Federal Employee Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program															
Health Management Organizations (HMO)			2014 Total Biweekly Premium			2015 Biweekly premium rates			2014 Total Monthly Premium			2015 Monthly premium rates			
PLAN	OPTION	ENROLLMENT CODE	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
District of Columbia Aetna Open Access	High Self	JN1	412.66	202.01	214.77	8.46	894.81	437.69	487.00	18.33	924.69	437.69	487.00	18.33	
	High Family	JN2	925.05	448.57	507.40	19.97	2071.27	971.90	1090.37	43.27	2071.27	971.90	1090.37	43.27	
	Basic Self	JN4	258.86	195.41	66.47	1.76	560.86	432.05	144.02	3.81	576.07	432.05	144.02	3.81	
	Basic Family	JN5	578.79	594.82	443.89	148.63	1254.05	906.10	322.03	8.52	1288.13	906.10	322.03	8.52	
District of Columbia CareFirst BlueChoice	High Self	ZG1	294.42	309.39	107.36	9.64	637.91	437.69	232.66	20.89	670.35	437.69	232.66	20.89	
	High Family	ZG2	662.36	696.01	448.57	247.44	1435.11	1508.02	971.90	536.12	49.19	1508.02	971.90	536.12	49.19
	Standard Self	ZG4	267.22	276.57	202.01	74.56	578.98	599.24	437.68	161.55	8.71	599.24	437.68	161.55	8.71
	Standard Family	ZG5	601.14	622.18	448.57	173.61	1302.47	1348.06	971.90	376.16	21.27	1348.06	971.90	376.16	21.27
District of Columbia CareFirst BlueChoice	HDHP Self	B61	258.76	267.85	200.89	66.96	560.71	580.34	435.26	145.08	4.90	580.34	435.26	145.08	4.90
	HDHP Family	B62	577.26	597.46	448.10	149.36	1250.73	1294.50	970.88	323.62	10.94	1294.50	970.88	323.62	10.94
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	274.60	279.64	202.01	77.93	595.40	606.54	437.69	168.85	-4.1	606.54	437.69	168.85	-4.1
	High Family	E32	632.04	643.87	448.57	195.30	1365.42	1395.05	971.90	423.15	1.91	1395.05	971.90	423.15	1.91
	Standard Self	E34	178.09	181.53	136.15	45.38	385.66	393.32	294.99	88.33	1.87	393.32	294.99	88.33	1.87
	Standard Family	E35	409.59	417.50	313.13	104.37	887.45	904.58	678.44	226.14	4.28	904.58	678.44	226.14	4.28
	High Self	JP1	260.12	314.65	202.01	112.64	628.59	681.53	437.68	243.84	41.30	681.53	437.68	243.84	41.30
District of Columbia UnitedHealthcare Insurance Company	High Family	JP2	668.96	725.30	448.57	276.73	1449.41	1571.48	971.90	599.58	98.35	1571.48	971.90	599.58	98.35
	Value Self	L91	New Plan	244.32	183.24	61.08	New Plan	529.36	397.02	132.34	New Plan	529.36	397.02	132.34	New Plan
Florida Aetna Direct	Value Family	N92	New Plan	543.61	407.71	135.90	New Plan	1177.82	883.37	294.45	New Plan	1177.82	883.37	294.45	New Plan
	CDHP Self	N61	New Plan	210.05	157.54	52.51	New Plan	455.11	341.33	113.78	New Plan	455.11	341.33	113.78	New Plan
	CDHP Family	N62	New Plan	474.42	355.82	118.60	New Plan	1027.91	770.93	256.98	New Plan	1027.91	770.93	256.98	New Plan
Florida Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	272.01	272.01	202.01	70.00	589.36	589.36	437.69	151.67	-11.55	589.36	437.69	151.67	-11.55
	CDHP Family	F52	917.02	917.00	689.33	-1.97	1978.39	1978.39	1389.80	588.59	-3.76	1978.39	1389.80	588.59	-3.76
	Value Self	F54	314.06	314.06	183.17	130.89	432.33	432.33	305.99	126.34	-3.33	432.33	305.99	126.34	-3.33
	Value Family	F55	547.49	552.96	414.72	138.24	1186.23	1198.08	898.95	299.52	2.86	1198.08	898.95	299.52	2.86
	High Self	224	218.88	226.85	170.15	56.71	474.24	491.53	368.65	122.88	4.32	491.53	368.65	122.88	4.32
Florida Aetna HealthFund HDHP	High Family	225	479.36	496.83	372.82	124.21	1038.61	1076.47	807.35	269.12	9.47	1076.47	807.35	269.12	9.47



DC Government Benefits Enrollment Guide

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CHOOSEWELL
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BEWELL

dchr
DC Department of Human Resources

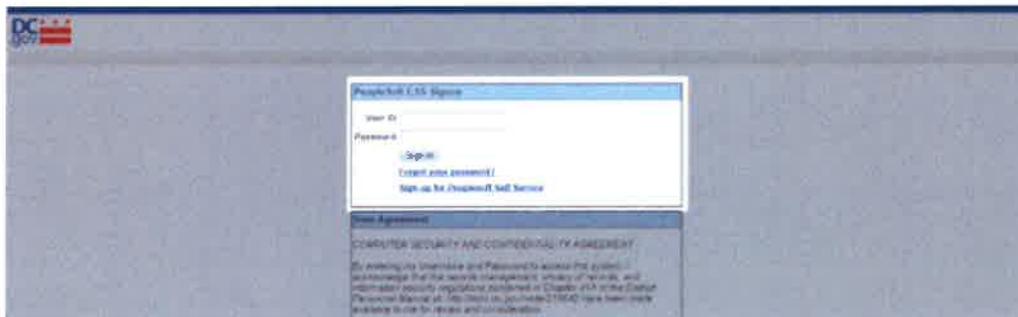
How to Enroll in Your DC Government Benefits

Open Enrollment Period for your 2015 benefits begins **Monday, November 10, 2014 and ends Friday, December 12, 2014 at 5:00 p.m.** This is your opportunity to review your current benefit elections and make any necessary changes. To enroll in or make changes to your benefits during Open Enrollment, please follow the instructions listed in this guide.

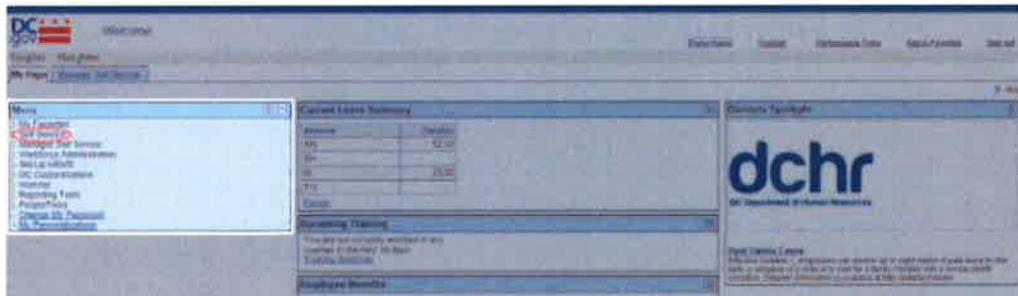
For employees that are paid bi-weekly, changes made during open enrollment will be effective January 11, 2015. For employees that are paid semi-monthly (some DCPS and UDC) the changes made during Open Enrollment will be effective January 1, 2015.

1 Log in to **Employee Self Service (ESS)** at <https://ess.dc.gov>.

Please Note: Employee Self Service (ESS) is accessible through PeopleSoft on **any computer**. Computers are available for employee use at the DCHR Customer Care Center located at 441 4th Street, NW in the Lobby level of 1 Judiciary Square.



2 From the Main Menu, **select Self Service** under the Menu options on the upper-left side.

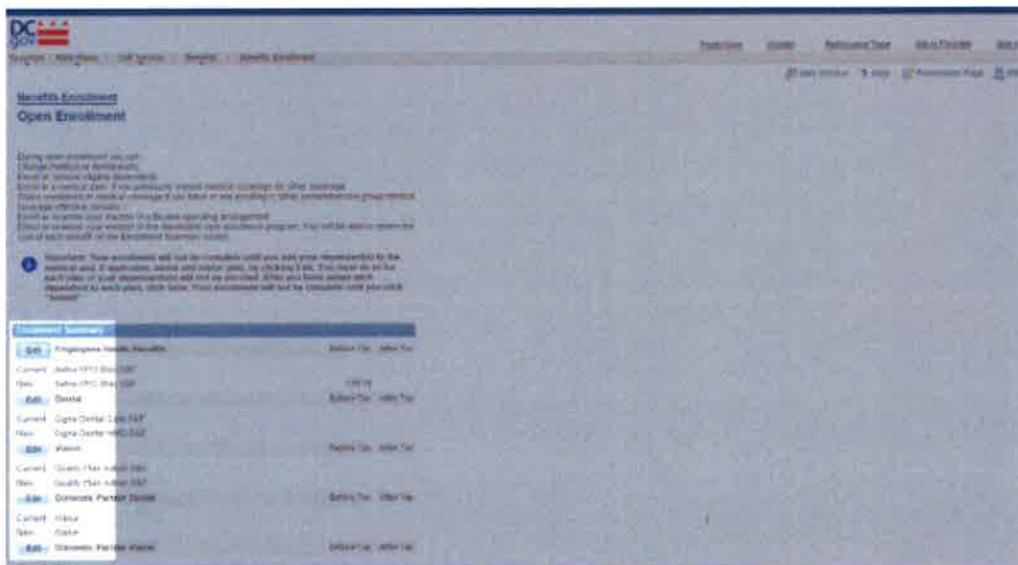


6 You will now be directed to a confirmation page, which will ask you to confirm that you would like to proceed with enrolling in and/or changing your benefits. **If you would like to continue, select OK.**



7 On the Open Enrollment page, you will see your **current Enrollment Summary** (if enrolled previously, it will be populated with your current selections), available Open Enrollment selections, as well as a table that summarizes the estimated costs for your benefit choices.

To change/enroll in your benefit options, select the Edit button on the left of the benefit.

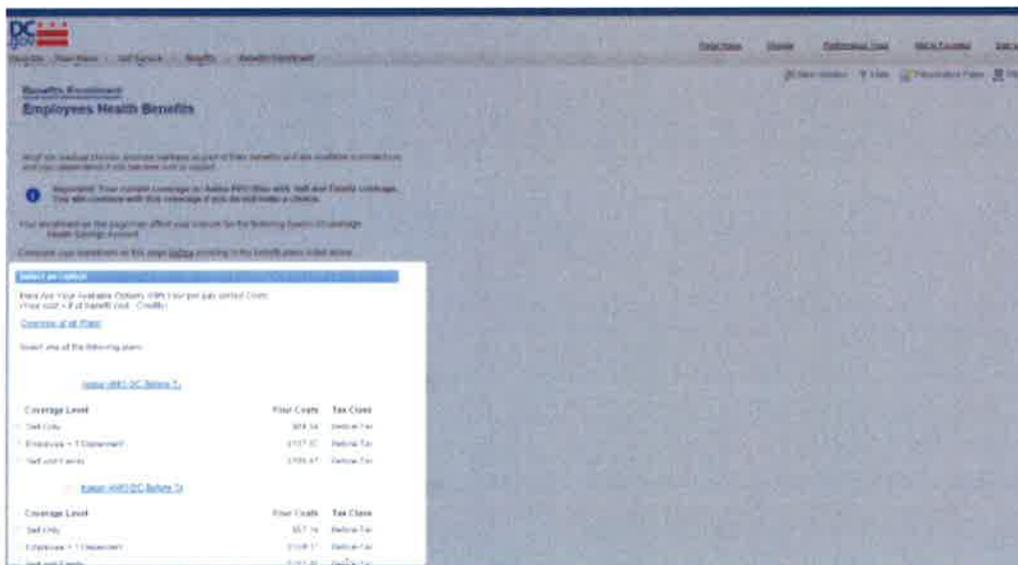


2015 Open Enrollment selections include: Employee Health Benefits; Dental; Vision; Domestic Partner Dental; Domestic Partner Vision; Short-Term Disability; Long-Term Disability; Section 457; Flex Spending Health; Flex Spending Dependent; Transit FSA; and Parking FSA.

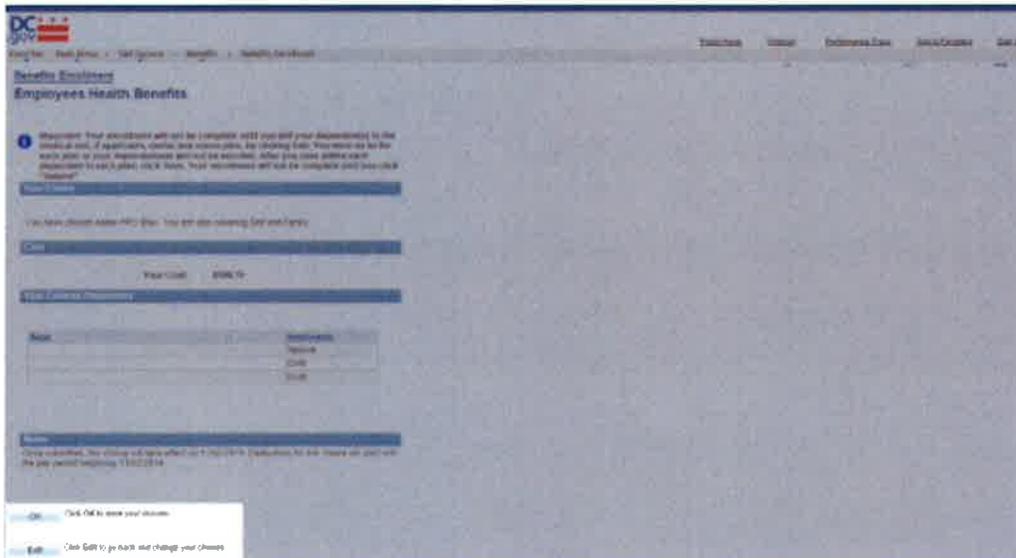
***Please Note:** Life insurance is not a 2015 Open Enrollment event. AFLAC Cancer Insurance, AFLAC Hospital Confinement, AFLAC Personal Sickness, AFLAC Personal Accident, AFLAC Specify Health Event, and 529 College Savings Plan are 2015 Open Enrollment events, but occur outside of Employee Self Service; see last page for enrollment details.

8 When you select **Edit** for any of the available benefit options, you will be taken to a specific page for each option that includes:

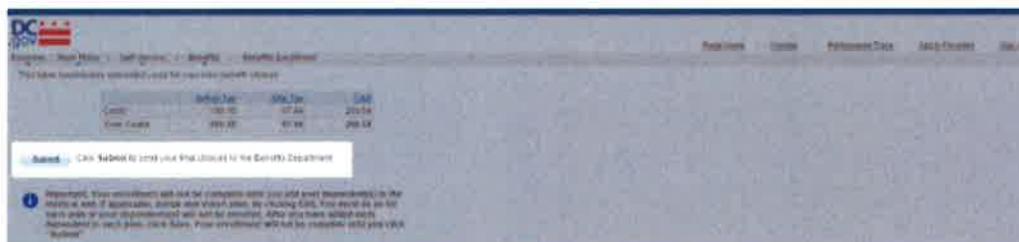
- Summary information of current benefits, if applicable.
- Any additional previously enrolled benefits that may be affected by changing your current coverage, if applicable (for example, making changes to your medical coverage may affect your health savings account).
- A link to an overview of all available plans.
- Available options with your per-pay-period costs.
- Dependent enrollment options.
- Add and/or Review Dependent option.



- 9 Upon enrolling in and/or making changes, you will then be given the option to select:
- Continue, which allows you to store your current choice until you are ready to submit your final enrollment on the Enrollment Summary page; or
 - Cancel, which ignores all entries made on the page and returns you to the Enrollment Summary.



- 10 Upon updating and completing all relevant selections, scroll to the bottom of the Open Enrollment page and select **Submit** to send your final choices to the Benefits Department.



11 Upon selecting Submit, you will be taken to a confirmation page, which will ask you to **select Submit** to authorize your elections or **select Cancel** to return to the Enrollment Summary page.



12 Upon selecting Submit, you will be taken to the **Submit Confirmation** page indicating that your benefit choices have been successfully submitted to the Benefits Department. You will receive a confirmation statement with your elections.

Select OK to return to the Benefits Enrollment page.



This completes your 2015 benefits enrollment!

Please Note: *Your enrollment will not be complete until you add your dependent(s)* to the medical and, if applicable, dental and vision plan, by clicking Edit. You must do so for each plan or your dependents(s) will not be enrolled. See the following page for further details on dependents and eligibility.

Questions? Contact the DCHR Benefits Administration at (202) 442-7627 or dchr.benefits@dc.gov.

Dependent Eligibility Verification

If you add family members to your coverage, you are required to provide documentation to verify coverage eligibility for the dependents that you add during the Open Enrollment process. When you enroll online, you must also submit dependent eligibility verification. Failure to comply will result in a cancellation of health care coverage for that dependent.

Please Note: You are not required to provide verification for any dependents currently covered by any DC Government health plan.

Do not send original documents or the actual certified copy, which would have a raised seal. A copy of the document with the seal clearly visible is acceptable. Retain the original document(s), as we will not return the documents you submit.

Each piece of documentation must have the employee's name and the last four digits of their Social Security number. DCHR has the authority to determine whether the documentation satisfies the Plan's requirements. Any fees associated with obtaining documents are the employee's responsibility.

You must enroll during Open Enrollment, **November 10 through December 12, 2014**. You have until by **January 12, 2015** to submit the documents with your enrollment form(s). Please see the following list of dependents and corresponding verification documents:

Spouse (Provide a copy of one of the following)

- Most recent year's 1040 Married Filing Jointly federal tax return that lists the spouse (black out financial information and dependents' Social Security numbers)
- Subscriber's and spouse's most recent 1040 Married Filing Separately federal tax return (black out financial information and dependents' Social Security numbers)
- Proof of common residence (example: a utility bill) and marriage certificate*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and marriage certificate*
- Petition for dissolution of marriage (divorce)
- Legal separation notice

State-Registered Domestic Partner or Legal Union Partner (Provide a copy of one of the following)

- Proof of common residence (example: a utility bill) and certificate/card of state-registered domestic partnership*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and certificate/card of state-registered domestic partnership*
- Petition for invalidity (annulment) of domestic partnership or legal union
- Petition for dissolution of domestic partnership or legal union
- Legal separation notice of domestic partnership or legal union

Child(ren) (Provide a copy of one of the following)

- Most recent year's federal tax return that includes the child(ren) as a dependent and listed as a son or daughter (black out financial information and dependents' Social Security numbers)
- Birth certificate (or hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner**)
- Certificate or decree of adoption
- Court-ordered parenting plan
- National Medical Support Notice
- Original Foster child certification and a copy of documentation of regular and substantial support of the child***
- Disabled Child: Medical verification of disability prior to age 26
- Legal Custody: Copy of Court Order granting legal custody
- Step Child: Birth Certificate**, Copy of Marriage Certificate, Divorce Decree or Custody Papers

You can submit one copy of your tax return if it includes all family members that require verification.

*If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.

**If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB and FEHB coverage.

***More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained: Evidence of eligibility as a dependent child for benefits under other State or Federal programs; Proof of inclusion of the child as a dependent on the enrollee's income tax returns; Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; Evidence of goods or services that show regular and substantial contributions of considerable value.

Please see following page for Dependent Eligibility Verification Form and additional details.



Dependent Eligibility Verification Form

Attached are documents for:

Employee Name: _____

Last four digits of Social Security number: _____

Employee ID number: _____

Please choose only one of the following methods to return this information to our office:

Email

Send to: dchr.benefits@dc.gov

Fax

To: Benefits & Retirement Administration, DC Department of Human Resources

From: _____

Date: _____

Pages: _____

Fax: (202) 727-8478

Phone: (202) 442-7627

Re: Open Enrollment Dependent Eligibility Verification

Inter-Office Mail

Attach this completed form to all documents at send to:

DC Department of Human Resources
Benefits & Retirement Administration
441 4th Street, NW, Suite 340 North, Washington, DC 20001

U.S. Mail

Attach this completed form to all documents at send to:

DC Department of Human Resources
c/o Benefits & Retirement Administration
441 4th Street, NW, Suite 340 North, Washington, DC 20001

How to Enroll in Your DC Government Benefits that are NOT Available through Employee Self Service

The following benefits are 2015 Open Enrollment events, but are **not** available for enrollment through Employee Self Service (ESS). Specific enrollment instructions are included with each event.

Indemnity Coverage

Aflac is the District of Columbia Government indemnity plan provider. Available plans include:

- Individual Cancer/Specified-Disease Insurance
- Individual Hospital Confinement Sickness Indemnity Insurance
- Individual Specified Health Event Insurance

To enroll in any of the plans above, please call Aflac at (202) 379-4755 or visit https://enrollment.aflac.com/AccountSites/D_F/DCGov/Homepage.aspx.

To waive your indemnity coverage, you must utilize the AFLAC cancellation form and submit it to AFLAC no later than close of the Open Enrollment period, Friday, December 12, 2014 at 5:00 p.m. To waive coverage submit your forms by:

Fax: (202) 379-4756
Attn: AFLAC Cancellations
Email: dcgovernment@us.aflac.com

College Savings Plan

The DC College Savings Plan is a section-529 plan created to help families prepare for the substantial cost of higher education. The District of Columbia Government sponsors the plan and Calvert Investments manages it. Available investment types include:

- Age-based portfolios
- Single fund investments
- Stability of principal investment

To enroll in any of the plans above, please visit www.dccollegesavings.com.