



District of Columbia Retirement Board (DCRB) Benefits Department

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Health Coverage Certification for Grandchildren

This document is to certify that I have been informed by the District of Columbia Retirement Board (DCRB) of the following requirements for coverage of a grandchild who qualifies as a foster child under the Federal Employees Health Benefits (FEHB) Program or the District of Columbia Employees Health Benefits (DCEHB) Program:

- The child must be unmarried and under age 26 (if 26 or older, the child can only be covered if he/she is incapable of self-support because of a disability that began before age 26. I must provide documentation of this to DCRB);
- 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 and not the biological parent. This means I exercise parental authority, responsibility, and control. I care for, support, discipline, and guide the child. I make decisions about the child's education and health care; and
- I 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 FEHB/DCEHB coverage and cannot be covered again 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.

Certification

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

I have provided DCRB proof of my regular and substantial support for this child. I understand that DCRB may request further proof as needed.

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

Member/Annuitant Signature

Member's Social Security Number*

Member/Annuitant Printed Name

Date

**In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's Social Security number on this form is mandatory pursuant to 26 USC § 3402. I declare that the information provided above is true.*

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Form Instructions

For purposes of health insurance coverage under the Federal Employees Health Benefits (FEHB) Program or the District of Columbia Employees Health Benefits (DCEHB) Program, grandchildren are not eligible family members unless the grandchild qualifies as a foster child or is adopted. 5 CFR § 890.302; D.C. Code § 1-621.03(3), (6).

To be an eligible foster child, the grandchild must: (i) be unmarried and under 26 years old; (ii) live with the grandparent in a regular parent-child relationship (which means the grandparent is exercising parental authority, responsibility, and control over the child by caring for, supporting, disciplining, and guiding the child, including making decisions about the child's education and health care); (iii) be financially dependent on the grandparent; and (iv) the grandparent must expect to raise the grandchild to adulthood.

Members must submit to DCRB proof of dependency which may include one or more of the following: (i) evidence of eligibility as a dependent child under other State or Federal programs; (ii) claiming the child as a dependent on income tax returns; (iii) canceled checks, money orders, or receipts for periodic payments from the member for or on behalf of the grandchild; (iv) sworn affidavits from people unrelated to the member that the child lives in the member's home in a regular parent-child relationship; and (iv) any other evidence as DCRB determines is proof of dependency.

Note: Powers of Attorney and temporary custody orders are not proof of dependency.

Members should submit to DCRB: (i) a copy of the child's birth certificate, if available; (ii) a copy of the child's Social Security card, if available; (iii) a copy of their most recent Federal income tax return showing the child as a dependent; or (iv) a copy of any adoption papers, guardianship court orders, or a permanent custody order.

Examples of a foster parent-child relationship are:

- A child who is living with and financially dependent on a grandparent who is enrolled in FEHB/DCEHB; and
- A child who is in the legal custody of a member enrolled in FEHB/DCEHB.

Note: Children living with the member as a matter of convenience are not foster children. For example, a child who lives with the member only while attending school does not qualify as a foster child because this is considered an arrangement of convenience.