

Other Eligible Individual Form

May 18, 2010

Under the Other Eligible Individual (OEI) program an MSU employee or retiree who does not have a spouse eligible to enroll for health and/or dental benefits may enroll one (1) individual for health and/or dental coverage ("OEI" or "other eligible individual"), but only if ALL of the following eligibility criteria are met:

- The OEI currently resides in the same residence as the employee and has done so for the last 18 continuous months, other than as a tenant;
- The OEI is not a "dependent" of the employee as defined by the IRS; and
- The OEI is not eligible to inherit from the employee under the laws of intestate succession in the State of Michigan (see below).

Children who are qualified and claimed as IRS-defined dependents by an employee's OEI are also eligible for health and dental benefits if they are members of the employee's household or a full-time student and they are unmarried and under the age of 19 (up to age 23 if an IRS-defined dependent).

Eligibility to continue coverage for an OEI ceases at the end of the month in which the above criteria are not met. Employees and retirees must immediately notify MSU Human Resources Benefits of a change in eligibility status.

The following individuals **do not** fall within the eligibility criteria for this program:

- Spouse
- Children and their descendants (i.e., children, grandchildren)
- Parents
- Parents' descendants (i.e., siblings, nieces, nephews)
- Grandparents and their descendants (i.e., aunts, uncles, cousins)
- Renters, boarders, tenants, etc.

Any information falsified on this document may result in discipline up to and including termination from employment.

I wish to enroll the following Other Eligible Individual (OEI): _____ (please print)

OEI Birthdate: _____ OEI Social Security # _____

This is to certify that the person named above meets the OEI eligibility criteria for the program as described above. I understand that I will be responsible for paying any taxes associated with enrolling an OEI.

Employee/Retiree/GA Name: _____ (please print) Social Security #: _____

Signature: _____ Date: _____

Please check the box that applies to you: Employee Retiree Graduate Assistant (GA)

Please return this form to: MSU Human Resources Benefits Department
1407 S. Harrison Road
Suite 140
East Lansing, MI 48823

Or fax to (517) 353-1869