

Dependent Spouse – A person who is married to a Longshoreman, Pensioner, or Social Security Retiree and who is so identified on both a valid marriage certificate (or other appropriate evidence of marriage to the extent a marriage certificate is not otherwise available or applicable under the laws of the jurisdiction in which the marriage was contracted) and the form provided by the Trustees for enrollment of dependents that has been most recently executed by such Longshoreman, Pensioner, or Social Security Retiree; provided, that a marriage shall be deemed valid under the Plan if it is considered valid under the laws of the jurisdiction in which it was contracted. The Trustees shall review the list of enrolled Dependent Spouses from time to time for the purpose of verifying Eligibility.

Dependent Child - Effective July 1, 2011, the Welfare Plan definition of "Dependent Child" is being changed because of the new health reform law. The new definition is: A person (1) who is identified by the Active Employee or Pensioner on the form provided by the Trustees for the enrollment of dependents (which form has been filed with the Trustees), (2) who is within one of the following classes: (a) a natural child of an Active Employee or Pensioner, (b) a legally adopted child of an Active Employee or Pensioner, (c) a stepchild or foster child of an Active Employee or Pensioner, or (d) a child who has or had a parent/child relationship with an Active Employee or Pensioner if such child's natural parent is not in fact supporting such child, (3) who does not have employment-based group health coverage available to him or her other than through the parent and has attained age 19, or 23 if a full-time student, and (4) who either: (i) has not attained 26 years of age or (ii) is, and continues to be, upon attaining age 26, mentally or physically incapacitated so as to be incapable of self-sustaining employment.

For each dependent, attach the following required documents:

Spouse or Same-Sex Spouse: Copy of marriage certificate

Natural or Step Child: Copy of birth certificate **Adopted and/or Foster Child :** Copy of birth certificate or other proof of age
 If applicable, documentation establishing child's placement for adoption or foster care

Incapacitated Dependent Child over age 26 Copy of birth certificate
 Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, www.benefitplans.org or Local)
 Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)
 Medical Report for Incapacitated Dependent Benefits Form WF303

Legal Guardianship Child: Copy of birth certificate or other proof of age
 Documentation establishing child's placement for legal guardianship
 Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, www.benefitplans.org or Local)
 Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)

Any Other Child: Copy of birth certificate or other proof of age
 Notarized Dependent Child Certification Form WF446 (available at Benefit Plans office, www.benefitplans.org or Local)
 Important Notice Regarding Taxation Form WF594 (available at Benefit Plans office, www.benefitplans.org or Local)
 Worksheet for Determining Support, IRS Publication 501 (if applicable as noted on Form WF594 listed above)

For Name changes:

Active employees: JPLRC minutes are required. Please reach out to your union local to initiate the name change.

Dependents of Active employees: Legal documents required, such as a filed court order and/or certified marriage certificate, along with a government-issued document.

Retirees and dependents of Retirees: Legal documents required, such as a filed court order, and/or certified marriage certificate, along with a government-issued document.

Medical coverage for eligible Dependent Children terminates at age 26, full-time student status not required.

For Dependent Children ages 19 to 23 who are full-time students, in addition to the above documentation, please also attach student verification for Dental Plan eligibility as shown below:

- For Willamette Dental: Proof of full-time student status for children ages 19-23. Coverage terminates at age 23.
- For Delta Dental CA, WA or OR, Kaiser Oregon Dental, Gentle Dental, Harbor Dental and Dental Health Services CA: Coverage terminates at age 26 (full-time student status not required).
- For Dental Health Services Washington: Coverage terminates at age 25 (full-time student status not required).