**SECTION [V]**

*{Drafting Note: Insert the appropriate section number,*

*following the order of provisions in the Table of Contents.*

*Use this section for stand-alone dental insurance that covers*

*members to age 19 only.}*

**Who Is Covered**

**A. Who is Covered Under this Certificate.**

This Certificate is issued to cover Members (known as “You”) who are under 19 years of age. Coverage lasts until the end of the [month; year] in which You turn 19 years of age.

*{Drafting Note: Coverage may extend until the end of the month or the end of the year in which the child turns 19 years of age.}*

**B.** [**Children Covered Under This Certificate.**

Children covered under this Certificate include the Student’s natural Children, legally adopted Children, step Children, and Children for whom the Student is the proposed adoptive parent without regard to financial dependence, residency with the Student, student status or employment. A proposed adopted Child is eligible for coverage on the same basis as a natural Child during any waiting period prior to the finalization of the Child’s adoption. [Coverage also includes Children for whom the Student is a [permanent] legal guardian if the Children are chiefly dependent upon the Student for support and the Student has been appointed the legal guardian by a court order.] [[Foster Children] [and] [grandchildren] of the Student are not covered.] [[Grandchildren who are chiefly dependent upon You for support [and who live with You]] and [F;f]oster children are covered.]]

{*Drafting Note: Plans may extend coverage to foster children, grandchildren and children for whom the student is a legal guardian. If coverage is extended to grandchildren, the bracketed “and who live with you” language is optional.}*

We have the right to request and be furnished with such proof as may be needed to determine eligibility status of a prospective or covered Member in relation to eligibility for coverage under this Certificate at any time.]

{*Drafting Note: Coverage of Dependents is optional, if coverage is provided the above language must be used.}*

**C. When Coverage Begins.**

Coverage under this Certificate] will begin as follows:

1. If the Student elects coverage before becoming eligible, or within [30] days of becoming eligible for other than a special enrollment period, coverage begins on the date the Student becomes eligible, or on the date determined by You [Contractholder; Policyholder].

*{Drafting Note: Plans must use a minimum of 30 days.}*

1. [If You, the Student do not elect coverage upon becoming eligible or within [30] days of becoming eligible for other than a special enrollment period, You must wait until the [Contractholder’s; Policyholder’s] next open enrollment period to enroll, except as provided below.]  
   *{Drafting Note: Insert paragraph if plan elects to have an open enrollment period. If an open enrollment period is used, plans must use a minimum of 30 days.}*
2. [If the Student has a newborn or adopted newborn Child and We receive notice of such birth within [30] days thereafter, coverage for the Student’s newborn starts at the moment of birth; otherwise coverage begins on the date on which We receive notice. Your adopted newborn Child will be covered from the moment of birth if the Student takes physical custody of the infant as soon as the infant is released from the Hospital after birth and the Student files a petition pursuant to Section 115-c of the New York Domestic Relations Law within [30] days of the infant’s birth; and provided further that no notice of revocation to the adoption has been filed pursuant to Section 115-b of the New York Domestic Relations Law, and consent to the adoption has not been revoked. In order for coverage to start at the moment of birth, the Student must notify Us and pay any additional Premium within the [30] day period. Otherwise, coverage begins on the date on which We receive notice, provided that You pay any additional Premium when due.] *{Drafting Note: If Children are covered insert the paragraph above. Plans must use a minimum of 30 days.}*

[**D**]**. Special Enrollment Periods.**

[You can also enroll for coverage within [30] days of the loss of coverage in another group dental plan if coverage was terminated because You are no longer eligible for coverage under the other dental plan due to:

1. Termination of employment;

2. Termination of the other dental plan;

3. Death of the Spouse;

4. Legal separation, divorce or annulment;

5. Reduction of hours of employment;

6. Employer contributions towards the dental plan were terminated for You; or

7. A Child no longer qualifies for coverage as a Child under the other group dental plan.

*{Drafting Note: Plans must use a minimum of 30 days.}*

You can also enroll [30] days from exhaustion of Your COBRA coverage.

*{Drafting Note: Plans must use a minimum of 30 days.}*

We must receive notice and Premium payment within [30] days of one of these events. Your coverage will begin on the first day of the following month after We receive Your application. If You gain a Dependent or become a Dependent due to a birth, adoption, or placement for adoption, Your coverage will begin on the date of the birth, adoption or placement for adoption.

*{Drafting Note: Plans must use a minimum of 30 days.}*

In addition, You can also enroll for coverage within 60 days of the occurrence of one of the following events:

1. You lose eligibility for Medicaid or a state child dental plan; or

2. You become eligible for Medicaid or a state child dental plan.

We must receive notice and Premium payment within 60 days of one of these events. Your coverage will begin on the first day of the following month after We receive Your application.]

*{Drafting Note: Coverage of Dependents is optional, if Children are covered the language below must be included.}*

[**E**]**.** [**Coverage of Children of Domestic Partners.**

Children covered under this Certificate also include the Children of the Student’s domestic partner. Proof of the domestic partnership and financial interdependence must be submitted in the form of:

1. Registration as a domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six (6) months, where such registry exists, or
2. For partners residing where registration does not exist, by:
   1. An alternate affidavit of domestic partnership. The affidavit must be notarized and must contain the following:

* The partners are both 18 years of age or older and are mentally competent to consent to contract;
* The partners are not related by blood in a manner that would bar marriage under the laws of the State of New York;
* The partners have been living together on a continuous basis prior to the date of the application;
* Neither individual has been registered as a member of another domestic partnership within the last six (6) months; and
  1. Proof of cohabitation (e.g., a driver’s license, tax return or other sufficient proof); and
  2. Proof that the partners are financially interdependent. Two (2) or more of the following are collectively sufficient to establish financial interdependence:
* A joint bank account;
* A joint credit card or charge card;
* Joint obligation on a loan;
* Status as an authorized signatory on the partner’s bank account, credit card or charge card;
* Joint ownership of holdings or investments;
* Joint ownership of residence;
* Joint ownership of real estate other than residence;
* Listing of both partners as tenants on the lease of the shared residence;
* Shared rental payments of residence (need not be shared 50/50);
* Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence;
* A common household and shared household expenses, e.g., grocery bills, utility bills, telephone bills, etc. (need not be shared 50/50);
* Shared household budget for purposes of receiving government benefits;
* Status of one (1) as representative payee for the other’s government benefits;
* Joint ownership of major items of personal property (e.g., appliances, furniture);
* Joint ownership of a motor vehicle;
* Joint responsibility for child care (e.g., school documents, guardianship);
* Shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50);
* Execution of wills naming each other as executor and/or beneficiary;
* Designation as beneficiary under the other’s life insurance policy;
* Designation as beneficiary under the other’s retirement benefits account;
* Mutual grant of durable power of attorney;
* Mutual grant of authority to make health care decisions (e.g., health care power of attorney);
* Affidavit by creditor or other individual able to testify to partner’s financial interdependence; or
* Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case.]