



CERTIFICATE ADJUSTMENT RIDER

This rider is made a part of the certificate to which it is attached and is subject to all provisions of the certificate which are not in conflict with the provisions of this rider.

The effective date of this rider is July 1, 2010.

The certificate to which this rider is attached is hereby amended as follows:

- Within the section of the certificate entitled **“FAMILY MEMBER PROVISIONS,”** item 1 entitled **“Eligibility”** is amended to read as follows:

“Coverage is provided for your eligible family members only if you apply for coverage for them and pay the required premium. Family members eligible include:

- (a) legal spouse (includes common-law, Affidavit of Common Law Marriage form must be completed and submitted to the college/agency human resources office);
- (b) domestic partner*;
- (c) an employee’s or their spouse’s/domestic partner’s unmarried or married child(ren) tax dependent or not until the end of the month of their 26th birthday, (may not be eligible if eligible to enroll in an employer sponsored coverage other than a group health plan of a parent): or of any age who are medically certified by a physician as disabled;
- (d) a grandchild of an employee or employee’s spouse/domestic partner if the employee or employee’s spouse/domestic partner is the grandchild’s court-appointed permanent guardian or has adopted the grandchild;
- (e) child(ren) for whom the employee or their spouse/domestic partner is required to provide health benefits pursuant to a court order or qualified medical child support order; and/or
- (f) any dependent which is required by state insurance law to be covered or offered coverage under any insurance contract issued to the Trust for the SBCCOE Employee Benefit Plan.

*A domestic partner is an adult who shares a committed relationship with a member college/agency’s eligible employee of the same or opposite gender, evidenced by an Affidavit of Domestic Partnership filed by the employee with their respective college/agency human resources office.’

- Within the section of the certificate entitled **“FAMILY MEMBER PROVISIONS,”** item 3 entitled **“Termination of Coverage”** is deleted in its entirety and replaced by the following:

“Coverage for each dependent child will terminate at the end of the month of their 26th birthday.”

MUTUAL OF OMAHA INSURANCE COMPANY

Corporate Secretary

State Board for Community Colleges and Occupational Education (CO)
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