



FOSTER CHILD Certification Form

Guidelines for Foster Child Approval

For purposes of insurance eligibility in the State Employee Group Insurance Plan (SEGIP), the term “foster child” may include “legal ward,” “legal guardian” or other similar term. A covered employee or covered spouse (or both individuals together) must have full and permanent legal and physical custody of the child and this must be stated in the court order. Documented proof of the relationship is required. SEGIP may request proof of continued eligibility at any time.

Required Documentation

You must provide documented proof of the foster status including: 1) a copy of the court documents showing the names of either you or your covered spouse (or both) and the child, confirming the foster relationship; and 2) a copy of your most recent federal tax return confirming this child is your (or your spouse’s) tax dependent; and 3) an Application to Change Insurance Coverage. Please complete an additional form for each foster child you are requesting to cover.

Member Information		Agency		<input type="checkbox"/> New <input type="checkbox"/> Recertification	
Last Name		First Name		Middle Initial	
Mailing Address		City		Employee ID #	
				State	
				Zip Code	
Work Phone Number			Home Phone Number		

Foster Child Information

Please complete an additional form for each foster child you are requesting to cover

Last Name		First Name		Middle Initial	
Gender		Date of birth (mm/dd/yyyy)		Is the child disabled?	
Male Female				Yes <input type="checkbox"/> No	
Social Security Number					
Does this child live with the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, when did the child begin living with the employee (mm/dd/yyyy) _____					
If yes, how long do you expect this child to live with the employee? _____					
If not, who does the child live with? _____					
Who is financially responsible for this child? _____					
Is this child eligible for the DHS or county foster care program?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child eligible for any federal or state government health care programs?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is someone other than the employee responsible for this child?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone receive payment from the Minnesota State Department of Human Services (DHS), a county foster care program, or other governmental agency for this child?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain the circumstances under which this child has become your legal foster child and when you expect this relationship to end. _____

Explanation Continued: _____

Notice of Privacy Practices Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). We are requesting private data from you through a vendor, HMS as part of a dependent eligibility verification audit. This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide the data.

Why we ask you for this data? We ask for this data so that we can successfully administer SEGIP. This information is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested information helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The information is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws (in compliance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173)). If you provide any data about you, your spouse, or dependents that is not necessary, we will not use it for any purpose.

Do you have to provide the private data requested? You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, your dependent(s) may not be approved to participate in the program or may lose coverage under the program. If you do provide the data, it will be used as described.

Who else may see this data about you and your spouse and dependents? We may give data about you, your spouse, and dependents to the plan administrator you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to the information; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used? We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

Certification By signing this form, I certify that the information I have provided is true, complete, and correct. I acknowledge that I am responsible for notifying SEGIP within 60 days of any change in this child's status as my foster child or of any change in the child's eligibility under the program where coverage should be canceled..

I understand that knowingly providing false, incomplete, or misleading information may be fraud or intentional misrepresentation of a material fact and may result in denial or loss of benefits, I may be required to repay any claims paid during the period the child as ineligible, and I may be subject to disciplinary action.

Employee's signature _____ **Date** _____

Questions – need more information – please call SEGIP at 651-355-0100
Mail completed form and documentation to:

Scan and email to: segip.mmb@state.mn.us
Fax to : 651-296-5445
Mail to:
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