ELIGIBILITY

You are eligible for benefits the first of the month following one month of employment as a CHS full-time, non-union employee scheduled to work at least 35 hours per week.* Union employees are eligible if their collective bargaining agreement allows them to participate in these plans.

ELIGIBLE DEPENDENTS

Only the following dependents are eligible for coverage:

- Your legally married spouse.
- Your child(ren) or stepchild(ren), through the end of the month in which they turn age 26.
- Your foster child(ren), through the end of the month in which they turn age 26.
- Child(ren) for whom you or your spouse are a legal guardian, through the end of the month in which they turn age 26. Proof that you are the legal guardian will be required.
- Your child for whom you have legal obligations for purposes of adoption, through the end of the month in which they turn age 26.

The benefit plans cover only those dependents who reside in the United States or its territories. Dependents who work and/or reside in foreign countries are not eligible for coverage. Employees (and their dependents) who are U.S. citizens or permanent residents of the U.S., working outside the U.S. for CHS on a temporary basis (less than six years) remain eligible for benefits.

NOT ELIGIBLE FOR COVERAGE

Only those prior-listed dependents are eligible for coverage. Any other individuals are excluded.

Ineligible dependents include, but are not limited to:

- Domestic partner
- Sibling
- Significant other
- Parent
- Girlfriend/Boyfriend
- Grandparent

- Housemate

CHS DEPENDENT PLAN AUDITS

At any time, CHS can require proof (including birth and marriage certificates, tax forms, etc.) that the dependent(s) for whom you have elected coverage meets the definition of a dependent. If your dependents are audited and you fail to provide the requested information, coverage for your dependents will be cancelled.

Enrolling dependents who are not eligible is a violation of plan rules. If a dependent is found to be ineligible, CHS reserves the right to retroactively cancel the dependent's coverage on all plans and to recover any benefit payments for services paid for an ineligible dependent.

*Due to the Affordable Care Act employees working 30 hours a week may be eligible for medical coverage only.

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