



Dependent Eligibility Under Group Health Plans

Dependents you may cover under a NiSource group health plan include:

- Your lawful spouse, if not legally separated, who is also a “spouse” under the Internal Revenue Code (IRC)
- Your former spouse or your spouse from whom you are legally separated, but only with respect to insured medical plan coverage that is provided under a policy of health insurance or pursuant to a contract with a health maintenance organization, and only to the extent and for as long as such coverage is required by applicable state law
- Your eligible child* who has not attained 26 years of age
- Your eligible child* who is over age 26, if he or she satisfies the criteria below for coverage as a disabled child and has been approved by the health care plan (please note, however, that a child is not eligible for coverage under the Post-65 Retiree Medical Plan)

*An eligible child for purposes of NiSource’s group health plans includes:

- A natural child or stepchild
- A legally adopted child, a child placed for adoption or a foster child
- A child you are required to cover under a Qualified Medical Child Support Order
- A child for whom you are a legal guardian if such child is dependent upon you for at least 50 percent of his or her financial support and you would be allowed to claim the child on your federal income tax return as a dependent (without giving effect to the child’s gross income for such year).
- An unmarried child that is incapable of self-sustaining employment due to mental or physical disability and is dependent upon you for financial support and maintenance, if (i) the disability arose before the date dependent status would otherwise have terminated, (ii) proof of disability is furnished to the claims administrator or insurer, if requested, within 31 days before dependent status would otherwise end, (iii) the child has not attained age 65, and (iv) you are enrolled in the same type of NiSource group health plan coverage (e.g., medical, dental, vision) as the coverage sought for your child. Such child can continue coverage as long as you remain enrolled in the same type of coverage as that sought for your child and he or she remains unmarried, disabled, and dependent upon you for financial support and maintenance. In addition to satisfying these criteria, to be eligible for dental or vision coverage as a disabled child, a child must contemporaneously be covered as a disabled child under the NiSource medical plan, unless he or she has been continuously covered as a disabled child under a NiSource dental or vision plan since December 31, 2018. Subject to the claims administrator’s or insurer’s discretion, disabled dependent children may be required to provide proof of disability on a periodic basis. For additional information, please contact the claims administrator or insurer. Notwithstanding the foregoing, with respect to health flexible spending account coverage only, a disabled dependent child is eligible for coverage if the child is your “dependent” as determined under IRC Sections 105 and 152.

Adult Child Eligibility Under Group Health Plans and Health Savings Account

As a result of the Affordable Care Act, you may cover your adult children under the medical, dental and vision plans regardless of their student or marital status, provided they have not attained age 26. However, dependent eligibility for reimbursement of expenses from a health savings account is determined without regard to the health care reform age 26 adult children eligibility provisions. That is, there is no change to the IRC requirement that children must meet the dependent criteria of IRC Section 223 (pertaining to health savings accounts) in order for their medical expenses to be eligible for reimbursement with HSA funds. You should consult your tax advisor if you have a question as to whether your child is a dependent as described in IRC Section 223.

Eligibility for Spousal and Child Life and AD&D Insurance Coverage

If spousal life and AD&D insurance coverage is available to you, you may cover your lawful spouse who is not on active duty in the armed forces of any country.

If child life and AD&D insurance coverage is available to you, you may cover your child† who has not attained age 26, is unmarried, is not covered under an employer-sponsored life plan and is not on active duty in the armed forces of any country. Your unmarried child age 26 or older is also eligible for child life and AD&D insurance if he or she is physically or mentally incapable of self-support, was incapable of self-support prior to attaining age 26, and is financially dependent upon you for more than 50% of his or her support and maintenance. Please note that if your child is an employee of NiSource, you may not obtain child life and AD&D insurance coverage for him or her. Also, if both you and your spouse are employees of NiSource, your child will not be considered the eligible dependent of more than one employee.

†An eligible child for purposes of child life and AD&D insurance coverage includes:

- Your natural children, legally adopted children and children placed with you for adoption prior to legal adoption; and
- Each of your stepchildren, foster children, children subject to legal guardianship, grandchildren, and other children who are blood relatives, who depend on you for more than 50% of their support and maintenance.

Dependent Eligibility Under the Dependent Care FSA

Dependents you may cover under the Dependent Care FSA include:

- Your qualifying child‡ who is under the age of 13
- Your spouse who is physically or mentally incapable of caring for himself or herself, provided he or she has the same principal place of abode as you for more than half the year and spends at least eight hours each day in your household
- Any other person, regardless of age, who would qualify as your tax dependent for health coverage purposes under the IRC and who is incapable of self-care, provided he or she has the same principal place of abode as you for more than half the year and spends at least eight hours each day in your household

‡A “qualifying child” includes any of the following persons for whom you are entitled to a personal tax exemption, who has the same principal place of abode as you for more than half the year, and who has not provided more than half of his or her own support for such year: a son or daughter, step-son or step-daughter, sibling, step-sibling, half-sibling, niece, nephew, grandchild, great-grandchild, or a child adopted or placed for adoption, and, in some cases, a foster child.

Eligibility is subject to additional limitations imposed by the IRC or contained in the plan document for the Dependent Care FSA. The plan document also governs what dependent care expenses are reimbursable. See your Summary Plan Description for more details.

Removing Children from Child Life and AD&D Insurance Coverage

In order to remove a child from child life and AD&D insurance coverage, you must contact the Benefits Source at **1-888-640-3320** (via the NiSource OneHR Services Center by selecting option 1, Employee & Retiree Benefits then option 2, the Benefits Source) and request to discontinue your child’s enrollment in the plan. It is your responsibility to remove a child from coverage once the child is no longer eligible.

Changing Dependent Coverage in Response to Life Events

In order to add or remove dependents from coverage (other than child life coverage) due to a life event such as marriage, divorce, birth, adoption, placement for adoption or change in spouse or dependent employment status, you must contact the Benefits Source at **1-888-640-3320** (via the NiSource OneHR Services Center by selecting option 1, Employee & Retiree Benefits then option 2, the Benefits Source) to request a change in coverage within 31 days of the date of the qualified life event. If you do not have your dependent's Social Security number (SSN), including if your child under one year of age still does not have a SSN, you still need to take action within the 31 days. It is your responsibility to update the SSN once it is available by calling the Benefits Source or by visiting mysourceforhr.com.

Please note that if you (or your dependent) lose medical coverage as a result of loss of eligibility under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of the Social Security Act, or you (or your dependent) become eligible for assistance, with respect to coverage under the NiSource medical plan, under such a Medicaid plan or State child health plan, you will have 60 days, not 31 days, to contact the Benefits Source to request a change in your NiSource medical coverage.

Please also note that you must timely notify the Benefits Source at **1-888-640-3320** (via the NiSource OneHR Services Center by selecting option 1, Employee & Retiree Benefits then option 2, the Benefits Source) of events such as marriage, divorce, or birth/adoption in order to make corresponding changes to your benefit plan coverages. Your ability to make coverage changes is subject to Internal Revenue Service limitations and certain terms, conditions and limitations contained in the benefit plan documents. See your Summary Plan Description for specific details.

If you add a new dependent to your group health plan coverage during Annual Enrollment, you must provide the dependent's Social Security Number (SSN) to the group health plan by calling the Benefits Source or by visiting mysourceforhr.com. Please note that the Affordable Care Act requires NiSource to collect the Social Security Number of each individual covered under the NiSource medical plan.

Obligation to Provide Information Concerning Eligibility

Enrollment of a dependent under a NiSource medical plan may be denied or revoked if you fail to provide information or evidence reasonably requested by the Plan Administrator or its designee concerning the dependent's eligibility for coverage under the plan. In addition, it is your responsibility to advise the Benefits Source when a person is no longer eligible for coverage as a dependent under any NiSource benefit plan. Any amounts paid by a benefit plan on behalf of a person who is no longer an eligible dependent will be required to be repaid to the plan. Enrollment of, or failure to disenroll, a person who does not satisfy the eligibility requirements for coverage under a benefit plan will be deemed to constitute fraud or intentional misrepresentation of a material fact and may result in retroactive termination of benefits, required repayment of any ineligible expenses, and disciplinary action up to and including dismissal.

Disclaimer

The information included in this document has been prepared to summarize some provisions of certain NiSource benefit plans and is not intended to be a complete summary of the plans. To the greatest extent possible, non-technical language has been used to explain some of the plans' provisions. The official plan texts are the governing documents if questions arise or if there is any conflict between this document or any oral communication and the terms of the plan documents.