



Who's Eligible

Your eligibility to participate in benefits depends on your employment status and/or hours worked and, in some cases, your job level, years of service and age. See the [benefits eligibility chart \(/eligibility-enrolling/whos-eligible/#EligibilityChart\)](#) to find out if you're eligible for coverage under each benefit plan.

Work Status Changes: Learn more about [your eligibility for benefits \(/eligibility-enrolling/new-hire-or-newly-eligible/\)](#).

Hourly Team Members: See the [Employer Shared Responsibility \(/health-wellness-insurance/health-care-reform/employer-shared-responsibility/\)](#) section for important details on your benefits eligibility.

Newly Eligible Due to a Qualifying Life Event (QLE): Click [here \(/work-changes-and-life-events/qualifying-life-events-qle/\)](#).

Dependent Eligibility

Your dependents may also be eligible for medical, dental, vision and other coverage offered by Toys“R”Us. Eligible dependents include the following:

- Your spouse*†
- Your domestic partner* (download the [affidavit of domestic partnership \(/media/1676/tru-dp-aff-10.pdf\)](#) and view [tax implications](#) for domestic partner health care coverage.)
- Your child or your spouse/domestic partner’s child of any age who is solely dependent on you for support as a result of a mental or physical disability [including children who do not live with you but for whom the Company has received a Qualified Medical Child Support Order (QMSCO)]. To extend coverage for a disabled child, you must provide written proof of the disability to the Claims Administrator within 31 days of the child’s 26th birthday and when requested thereafter.
- Other eligible children up to age 26, as shown in the chart below.

When adding a dependent to coverage:

- You must provide proof of dependent eligibility and the dependent's Social Security Number.
- If you fail to provide a valid SSN and required documentation for your dependent(s), your dependents’ coverage will be cancelled.

Dependent Verification Details

CLICK [HERE \(/eligibility-enrolling/2017-2018-enrollment-information/covering-dependents/\)](#) TO VIEW DEPENDENT DOCUMENTATION DETAILS.

* There will be a \$25 per week (\$1,300 per year) surcharge for spouses/domestic partners who have medical coverage available through their employer, but choose coverage through Toys“R”Us. If you fail to truthfully certify your spouse’s/domestic partner’s employment or coverage status, you could face disciplinary action, up to and including termination. The surcharge does not apply if:

You do not enroll your spouse/domestic partner in Toys“R”Us medical coverage, your spouse/domestic partner is not employed or your spouse/domestic partner is not eligible for medical coverage from his/her employer.

† As a result of the 2013 Supreme Court ruling that called the Defense of Marriage Act (DOMA) unlawful, same-sex married couples are now entitled to pre-tax health benefits. Previously, the value of this benefit was treated as imputed income for domestic partners. If you currently cover a same-sex spouse, that coverage will be provided on a pre-tax basis. If you live in a state that doesn’t recognize same-sex marriage, the coverage will still be considered imputed income for state tax purposes only. Please note this option is not available for opposite-sex domestic partners.

PLAN	WHO'S ELIGIBLE
Medical and Prescription Drug	You and your spouse’s biological child, legally adopted child or eligible foster child up to age 26, or your domestic partner’s child up to age 26. Please note: The adult child up to age 26 does not need to be a full-time student, be financially dependent on you or live with you to be eligible for coverage. The child may be married; however, his/her spouse and children are not eligible for coverage.
Dental, Vision, and Child Life	You, your spouse’s or your domestic partner’s unmarried dependents up to age 23. The child doesn't have to be a full-time student or be financially dependent on you to be eligible for coverage.

Detailed information about eligibility requirements for you and your dependents is included in the [Eligibility and Enrollment SPD \(/contacts-tools-resources/spdlegal-notices/\)](#) and [Summary of Material Modifications \(SMM\) \(/contacts-tools-resources/spdlegal-notices/#SMM\)](#).

Benefits Eligibility Chart

YOU ARE ELIGIBLE FOR:	IF YOU ARE:
Medical (including Prescription Drug), Dental, Vision, Limited-Purpose Flexible Spending Account and Dependent Care Flexible Spending Account (FSAs), Health Savings Account (HSA), Basic and Supplemental Life and AD&D Insurance, Travel Assistance, Spouse and Child Life Insurance, Teladoc, Minute Clinic, Supplemental Benefits, Wellness Rebate Program, Hyatt Legal Plan, Added Benefit Programs, Tobacco Cessation Program	A regular management team member with at least 30 days of service or an hourly team member with 30 days of service who's worked an average of 30+ hours per week over a predetermined 12 month period under Employer Shared Responsibility guidelines (/health-wellness-insurance/health-care-reform/employer-shared-responsibility/) . Note: Puerto Rico team members are not eligible to participate in the Limited-Purpose Flexible Spending Account and/or the Dependent Care Flexible Spending Account.
Employee Assistance Program (EAP), PerkSpot, Baby Birth Program	A management or full-time hourly team member; or a part-time hourly team member.
Basic Long-Term Disability (LTD)	A management team member with at least 30 days of service; <i>or</i> A full-time hourly team member with at least 30 days of service in a Level IV 3+ position at GRC
Supplemental Long-Term Disability	A management team member with at least 30 days of service; <i>or</i> A full-time hourly team member with at least 30 days of service in a Level IV 3+ position at GRC <i>and</i> Your annual base salary plus target bonus is more than \$200,000
401(k) Plan	An active team member age 21 or older: On the first day of the month coinciding with or following your anniversary date (/contacts-tools-resources/benefits-glossary/a/anniversary-year/) (the 12-month period beginning on your date of hire) provided you worked at least 1,000 hours; or after one year of service and you complete 1,000 hours of service in a Plan year (/contacts-tools-resources/benefits-glossary/p/plan-year/) .
Profit Sharing Account	A team member age 21 or older and have completed one year of service. To receive a Profit Sharing contribution, you must be actively at work on the last day of the Plan year (/contacts-tools-resources/benefits-glossary/p/plan-year/) for which the Profit Sharing contribution, if any, is made.
Adoption Assistance Plan	A team member who is eligible for "R"Benefits; or A part-time hourly team member with five or more years of service based on your Earned Hours Adjusted Service Date (/contacts-tools-resources/benefits-glossary/e/earned-hours-adjusted-service-date-ehasd/) .

See the [Eligibility and Enrollment SPD \(/contacts-tools-resources/spdlegal-notice/\)](#) for complete details about eligibility requirements for you and your dependents.

Covering a Domestic Partner under your plan?

[Tax Implications for Domestic Partner Health Coverage](#)

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