



## **Dependent Enrollment Procedures 2016-2017**

In order to enroll any dependents for coverage under your district's insurance plans, you must provide documents showing that they qualify for dependent status. The following outlines who qualifies as a dependent and what documents are required:

**Spouse\*:** Your legally married spouse, not legally separated or divorced.

**Documents required:**

- 1) A copy of your marriage certificate/license showing you were married.
- 2) A copy of the first page of your most recent Federal tax form (1040) showing that you are still married. Please black out Social Security numbers and financial information to protect your financial privacy.

\*Same sex marriages are covered the same as any other marriage.

**Children:** Your or your spouse's natural child or adopted child

A child for whom you are the legal guardian

Medical – to end of the month they turn age 26

Dental and Vision – to end of the year they turn 24, must be unmarried

**Documents required:**

- 1) A copy of a birth certificate naming you / your spouse as the parent OR
- 2) A copy of adoption papers naming you / your spouse as adoptee parents OR
- 3) A copy of legal guardianship papers naming you as legal guardian

**Where to submit this form & document copies:** Your Treasurer's or HR Office

*This form and appropriate documentation MUST BE SUBMITTED DURING THE ELIGIBILITY PERIOD before coverage will be effective. If all documents are not provided within the eligibility period or during the open enrollment period, your dependents will not be covered this year. You will need to wait until the next open enrollment to add your dependent.*

**Dependent Enrollment Affidavit**

**PART I**

**Employee Name:** \_\_\_\_\_

**District:** Southeastern Local \_\_\_\_\_

By my signature on this form, I certify and warrant to my employer that all information submitted is true, correct and current as of the date signed and any attempt to enroll for /or maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action. I have provided the documentation for each eligible dependent as required. I understand I will be responsible for any claim payments made for ineligible dependents.

Signature of Employee (**REQUIRED**): \_\_\_\_\_

Date: \_\_\_\_\_

Please attach this form to copies of the following documents:

**For the Spouse:**

- Copy of the marriage certificate **and**
- Copy of the front page of the most recent federally filed tax return confirming the spouse as a dependent.

**For Each Child:**

- Copy of each child's birth certificate naming the employee/spouse as the child's parent **OR**
- Copy of adoption papers naming the employee/spouse as the child's adoptive parent **OR**
- Copy of the appropriate court documents naming the employee/spouse as the child's legal guardian.

**Part II – Completion by HR/Treasurer Department**

**Documentation Check – Off:**

Dependent Name	<i>Spouse</i>		<i>Children</i>			
	Marriage Certificate	Recent Tax Form	Birth Cert	Adoption	Legal Guardianship	Employed full time? y/n

I have certified that all of the above has been reviewed and the dependents are eligible under the group benefit plan.

Signature of District HR/Treasurer's Department: \_\_\_\_\_

Date: \_\_\_\_\_