

**Dependent** **Enrollment** **Procedures** **2017-2018**

*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* *plan* *year.* *You* *will* *need* *to* *wait* *until* *the* *next* *open* *enrollment* *to* *add* *your* *dependent.*

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:

**Please** **present** **the** **following** **documents** **to** **your** **District** **Treasurer’s** **or** **HR** **Office:**

**Spouse:** Your legally married (including same sex) spouse, not legally separated or divorced. **Documents** **required:**

1) Marriage certificate that has been filed with court **AND**

2) 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.

**Children:** Your or your spouse’s natural child or adopted child and/or a child for whom you are the legal Guardian. All EPC coverages terminate on the last day of the month they turn age 26.

**Documents** **required:**

1) Birth certificate naming you / your spouse as the parent OR

2) Adoption papers naming you / your spouse as adoptee parents OR

3) Appropriate court documents naming the employee/spouse as the child’s legal guardian.

**PART I - Dependent Enrollment Affidavit**

Please present the following documents to your District Treasurer’s or HR Office: **Spouse:**

 Marriage certificate **AND**

 Front page of the most recent federally filed tax return. **For** **Each** **Child:**

 Each child’s birth certificate naming the employee/spouse as the child’s parent ***OR***  Adoption papers naming the employee/spouse as the child’s adoptive parent ***OR***

 Appropriate court documents naming the employee/spouse as the child’s legal guardian.

**Part II – Completion by HR/Treasurer Department** *Please* *upload* *this* *affidavit* *and* *all* *required* *document(s)*

*into* *staff* *member’s* *file* *cabinet* *in* *Benelogic.*

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|  | ***Spouse*** | | **Children** | | |
| Dependent Name | Marriage Certificate | Recent Tax Form | Birth Cert | Adoption | Legal Guardianship |
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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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 besubject 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:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**