



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.*

Dependent Name	Spouse		Children		
	Marriage Certificate	Recent Tax Form	Birth Cert	Adoption	Legal Guardianship

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 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:** _____