**Certificate of Dependent Eligibility Attestation**

**TO VERIFY YOUR DEPENDENTS, YOU MUST SIGN AND RETURN THIS CERTIFICATE OF DEPENDENT ELIGIBILITY ATTESTATION ALONG WITH THE REQUIRED DOCUMENTATION**

**The following individuals are eligible for the Medical, Dental and Vision plans (reference the Dependent Verification Documentation Chart):**

* Legally Married Spouse
* Children up to age 26 – An eligible child is defined as follows: a natural child, a step child, a legally adopted child, legal guardian or foster child(ren).
* Overage Children age 26-30 – (Medical only, if the covered plan participant pays the full cost of coverage.)
* Dependent Children with Disabilities

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I certify that the documentation I provide is true and correct and meets the definition of eligible dependents, as stated above.

I understand that a falsification of documents or covering of dependents who do not meet the eligibility criteria, intentionally or unintentionally, may result in disciplinary action up to and including termination of employment.

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Employee name (printed) Employee ID#

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Employee signature Date

Dependent Verification Documentation Chart

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| DEPENDENTS | ELIGIBILITY DEFINITON | DOCUMENTATION REQUIRED |
| Spouse | Legally married | \*Copy of a marriage certificate\* A Copy of the front page of the employee’s most recent federal income tax return that includes your spouse (you may black out all financial information and all but the last 4 digits of your social security number). If filing separately, submit a copy of both tax forms |
| Children | Children to age 26 | Covered if they are your or your spouse’s:\*Natural Child – A birth certificate showing employee’s name\*Step Child – A birth certificate showing parent’s name AND a copy of marriage certificate showing the employee and parent’s name, or a Final Court Order with presiding judge’s signature and seal\*Legal Guardian, Adoption or Foster Child(ren) – Photocopy of Affidavits of Dependency, Final Court Order with presiding judge’s signature and seal OR Adoption Final Decree with presiding judge’s signature and seal |
| Overage Children Age 26-30 | A child by blood or law:\*Is under the age of 31\*Is not provided coverage as a subscriber, insured enrollee, or covered person under a group or individual health benefits plan or entitled to Medicare or MedicaidThis eligibility shall terminate on the last day of the calendar year in which the dependent child reaches age 30 | \*Natural Child – A birth certificate showing employee’s name\*Step Child – A birth certificate showing parent’s name AND a copy of marriage certificate showing the employee and parent’s name, or a Final Court Order with presiding judge’s signature and seal\*Legal Guardian, Adoption or Foster Child(ren) – Photocopy of Affidavits of Dependency, Final Court Order with presiding judge’s signature and seal OR Adoption Final Decree with presiding judge’s signature and sealOR\*If the overage child is not listed on the employees/spouse’s tax return, a copy of the child’s most recent filed federal tax return is required (you may black out all financial information and all but the last 4 digits of the social security number) |
| Dependent Children with Disabilities | If a covered child is not capable of self-support when he or she reaches age 26 due to mental illness or incapacity, or a physical disability, the child may be eligible for continuance of coverage beyond the age of 30This eligibility shall terminate on the last day of the month in which the dependent child no longer meets the requirements for extended eligibility as a disabled child | \*Documentation as noted for “child” dependent type above\*Medical documentation from physician\*If social security disability has been awarded or is currently pending, please include this information in the documentation submitted |
| Qualifying Events | Marriage, divorce, birth, adoption, death and loss of other coverage | \*Copy of marriage certificate\*Copy of divorce decree/final court order with presiding judge’s signature/seal\*Copy of birth certificate (reference children section above)\*Copy of death certificate\*Letter from organization that had previous coverage |