

## STATE HEALTH BENEFITS PROGRAM Proof of Dependent Eligibility

### Instructions:

- 1) Carefully review the Eligibility Definitions sheet provided to you with this form.
- 2) Add the names of each dependent you wish to add to your health care coverage in the chart provided on the State Health Benefits Program Enrollment Form.
- 3) Provide the documentation required based on the type of dependent listed on the Eligibility Definitions sheet.
- 4) Sign and date this form. Include your daytime phone number.
- 5) Return your signed form to your agency Benefits Administrator.

I certify that:

- I have read the information provided to me and understand what is required for each type of dependent who can be covered on my health plan.
- All information I have submitted is true and correct as of the date I signed this form.
- I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law.
- I authorize the State Health Benefits Program to verify this information.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number



## Eligibility Definitions and Required Documentation

Dependents	Eligibility Definition	Documentation Required Before Request is Approved
<b>Spouse</b>	<p>The marriage must be recognized as legal in the Commonwealth of Virginia.</p> <p><b>Note: Ex-spouses will not be eligible, even with a court order.</b></p>	<ul style="list-style-type: none"> <li>➤ Photocopy of marriage certificate, <b>and</b></li> <li>➤ Photocopy of the top portion of the first page of the employee's 2008 Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.</li> </ul>
<b>Son/Daughter</b>	<p>A son or daughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if the child:</p> <ul style="list-style-type: none"> <li>✓ lives at home or is away at school</li> <li>✓ is not married, <b>and</b></li> <li>✓ receives more than one-half of his or her support from the employee.</li> </ul> <p>In cases where the birth or adoptive parents are living apart, the child may live with the other parent but must receive more than one-half of his or her support from either parent or a combination from both parents.</p>	<ul style="list-style-type: none"> <li>➤ Photocopy of birth certificate showing employee's name <b>or</b></li> <li>➤ In the case of adoption, photocopy of a legal pre-adoptive or adoptive agreement.</li> </ul>
<b>Stepson or Stepdaughter</b>	<p>Unmarried stepson or stepdaughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if:</p> <ul style="list-style-type: none"> <li>✓ they are living with the employee in a parent-child relationship;</li> <li>✓ the principal place of residence is with the employee;</li> <li>✓ they are a member of the employee's household; <b>and</b></li> <li>✓ they receive over one-half of their support from the employee.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; <b>and</b></li> <li>➤ Photocopy of marriage certificate showing the employee and parent's name <b>and</b></li> <li>➤ Photocopy of the top portion of the first page of the employee's 2008 Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.</li> </ul>
<b>Other Child</b>	<p>An unmarried, minor child in which a court has ordered the employee to assume sole permanent custody may be covered until the end of the year in which he or she turns age 23*. If joint custody, it must be with the employee and the employee's legal spouse.</p> <ul style="list-style-type: none"> <li>✓ The principal place of residence is with the employee;</li> <li>✓ they are a member of the employee's household; <b>and</b></li> <li>✓ they receive over one-half of their support from the employee.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Photocopy of birth certificate <b>and</b></li> <li>➤ Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.</li> </ul>

<p><b>Other Child - Exception</b></p>	<p>If the employee (or employee's spouse) shares custody with a minor child who is the parent of an "other female or male child", then that "other child" may also be covered if</p> <ul style="list-style-type: none"> <li>✓ the other child,</li> <li>✓ the minor child** (who is the parent), <b>and</b></li> <li>✓ the employee's spouse (if applicable) all live in the same household as the employee.</li> </ul> <p>**The minor child must meet all of the eligibility requirements for a dependent child.</p>	<ul style="list-style-type: none"> <li>➤ Photocopy of the other child's birth certificate showing the name of the minor child** as the parent of the other child <b>and</b></li> <li>➤ Photocopy of the Final Court Order with presiding judge's signature.</li> </ul>
<p>* When approved as an adult dependent who is incapacitated due to a physical or mental health condition, the child may be covered beyond the age of 23.</p>		

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