



City of Milford, Connecticut

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Human Resources
Department

TO: All City Employees

FROM: Tania R. Barnes, SHRM-SCP, Human Resources Director 

DATE: January 25, 2022

SUBJECT: Dependent Verification - UPDATED

Following a Dependent Verification audit on December 31, 2014, the Human Resources Office has adopted a procedure to verify the relationship for all dependents who will be added to the City's health plan. At the time an employee enrolls a dependent, the following **original documents** shall be provided to the Human Resources Department at the time of hire:

NEW HIRES – Addition of Dependent(s)

<i>Type of Dependent</i>	<i>Documentation as Proof of Relationship Required</i>
SPOUSE (Legal under the laws of the State of Connecticut)	<ul style="list-style-type: none"> • Marriage certificate for couples married within the past year; OR • Copy of your most current Federal filed tax return pages 1 and 2 of the 1040 form. Employee's most current filed tax return showing "Married filing jointly" OR "Married filing separately." The spouse's name must be entered on the new employee's tax form on the line provided after the "married filing separately" status. If filing separately, a copy of each tax form shall be provided.
CHILD (Defined as: natural child, legally adopted child, stepchild*, court ordered support of a child, child under legal guardianship order/custody & disabled adult child above age 26**)	<ul style="list-style-type: none"> • Birth certificate for the child, which must include the name of the employee and/or spouse; or • Adoption placement agreement, petition for adoption or adoption papers approved by the court (with signature or seal); or • Divorce decree that lists children born to or adopted during the marriage. Must have court signature, stamp or seal. • Court child support order (with court signature, stamp or seal) that shows employee and/or spouse as the child's parent. • Court-awarded legal guardianship/custody papers verifying all of the following: Granting of guardianship/custody under state law; employee (or spouse) identified as the child's legal guardian/custodial parent; name of dependent covered by the agreement; and signatures or court seal stamp.

In the event that an employee has a qualifying/life event change and he/she would like to add/remove any dependent(s) to the health plan, the employee must provide the following **original documents** to the Human Resources Department within the designated timeframe noted in the following chart:

QUALIFYING EVENT CHANGE – Addition/Removal of dependent(s)

<i>Type of Event/Change</i>	<i>Documentation as Proof of Relationship Required</i>	<i>Notification to Employer</i>	<i>Effective Date of Change</i>
Marriage	Marriage Certificate	Within 60 days of the event occurring OR during open enrollment.	First of the month following the notification to employer.

Divorce	Divorce decree. Must have court signature, stamp or seal.	Within 30 days of the event occurring.	First of the month following the notification to employer.
Legal Separation	Separation agreement. Must have court signature, stamp or seal.	Within 30 days of the event occurring or in accordance with the respective bargaining agreement.	First of the month following the notification to employer.
Newborn child	Birth certificate.	Within 60 days of the event occurring OR during open enrollment.	Date of the child's birth.
Addition of child(ren) (i.e. adoption, legal guardianship, thru marriage*)	Birth certificate, adoption documents, applicable court order.	Within 6 months of the event occurring.	First of the month following the notification to employer.
Death of employee	Death certificate OR obituary.	Within 10 days of the event occurring.	Immediately. Dependent coverage continues in accordance with the respective bargaining agreement.
Death of dependent(s)	Death certificate OR obituary.	Within 10 days of the event occurring.	Immediately.
Loss of coverage	Letter from dependent's employer or insurance company on letterhead explaining loss of coverage/enrollment onto new insurance plan, including effective date, OR updated insurance ID card with effective date.	Within 30 days of the event occurring.	First of the month following termination of previous coverage.
Name change	Social Security card OR court decree.	Upon receipt of updated social security card or court decree.	Immediately.

* For stepchildren, the employee must provide a combination of documents that demonstrate their stepparent status by providing their relationship to the parent of the child (their spouse) and proving the relationship between the spouse and that child.

** For disabled adult child over age 26 who is incapable of self-support, the child may be covered by the health plan if the disability continues and the child remains unmarried. In addition to providing the documents for the proof of relationship, the employee must provide 1) **Medical records** OR 2) **Physician letter** that proves the **physical or mental incapacity**.

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