

**DEPENDENT VERIFICATION/CERTIFICATION FORM
FOR ADDING/DELETING DEPENDENTS TO HEALTH INSURANCE PLAN**

Employee's Name: _____

Date of Hire: _____

Department: _____

Title: _____

Effective Date: _____

NEW HIRES – Addition of Dependent(s)

<i>Type of Dependent</i>	<i>Documentation as Proof of Relationship Required</i>	<i>Signature of Reviewer</i>
SPOUSE (Legal under the laws of the State of Connecticut)	<input type="checkbox"/> Marriage certificate for couples married within the past year; or <input type="checkbox"/> 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.	<hr/> Print Name of Reviewer <hr/> Signature of Reviewer
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**)	<input type="checkbox"/> Birth certificate for the child, which must include the name of the employee and/or spouse; or <input type="checkbox"/> Adoption placement agreement, petition for adoption or adoption papers approved by the court (with signature or seal); or <input type="checkbox"/> Divorce decree that lists children born to, or adopted during the marriage. Must have court signature, stamp or seal. <input type="checkbox"/> Court child support order (with court signature, stamp or seal) that shows employee and/or spouse as the child's parent. <input type="checkbox"/> 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.	<hr/> Print Name of Reviewer <hr/> Signature of Reviewer

In the event an employee has a qualifying/life event change and he/she wants to add/delete 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 chart below:

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

<i>Type of Event/Change</i>	<i>Documentation as Proof of Relationship Required</i>	<i>Signature of Reviewer</i>
Marriage	<input type="checkbox"/> Marriage Certificate	<hr/> Print Name of Reviewer <hr/> Signature of Reviewer
Divorce	<input type="checkbox"/> Divorce decree. Must have court signature, stamp or seal.	<hr/> Print Name of Reviewer <hr/> Signature of Reviewer

Legal Separation	<input type="checkbox"/> Separation agreement. Must have court signature, stamp or seal.	_____ Print Name of Reviewer _____ Signature of Reviewer
Newborn child	<input type="checkbox"/> Birth certificate	_____ Print Name of Reviewer _____ Signature of Reviewer
Addition of child(ren) (i.e. adoption, legal guardianship, thru marriage*)	<input type="checkbox"/> Birth certificate, adoption documents, applicable court order.	_____ Print Name of Reviewer _____ Signature of Reviewer
Death of employee	<input type="checkbox"/> Death certificate OR obituary.	_____ Print Name of Reviewer _____ Signature of Reviewer
Death of dependent(s)	<input type="checkbox"/> Death certificate OR obituary.	_____ Print Name of Reviewer _____ Signature of Reviewer
Loss of coverage	<input type="checkbox"/> Letter from dependent's employer or insurance carrier documenting loss of coverage <input type="checkbox"/> Letter from dependent's employer or insurance carrier documenting insurance enrollment <input type="checkbox"/> New insurance ID card with dates	_____ Print Name of Reviewer _____ Signature of Reviewer
Name change	<input type="checkbox"/> Social Security card <input type="checkbox"/> Court decree	_____ Print Name of Reviewer _____ Signature of Reviewer

* 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.**