



PLEASE SUBMIT COPIES ONLY & BLACK OUT ALL SOCIAL SECURITY NUMBERS & FINANCIAL INFORMATION.

Who is Eligible?

As a full time employee, you are eligible to enroll in the benefits outlined in this guide. You are able to enroll the following family members in your medical, dental and vision plans

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner (upon completion of a Domestic Partner Affidavit)
- Your children (including your domestic partner’s children) who are:
 - Under the age of 26. They do not have to be living with you or currently attending school. They can be married and/or living on their own.
 - Over 26 years old ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
 - Court ordered legal guardian.

Eligible Dependent Type

Legal Spouse

Eligible Dependent Definition

Legally married spouse

Required Documentation for Proof of Eligibility

- If “married filing jointly” - first page Federal Tax Return form (1040, 1040A, 1040EZ, 8879 or 4868 - Extension Request)
 - If “married filing separately” - first page Federal Tax Return form (1040, 1040A, 1040EZ, 8879 or 4868) - Extension Request
- If married within the past two years - government-issued marriage certificate
- Note: Forms must be filed within the past two years, list names of both employee, AND spouse. If they do not, please contact us.

Eligible Dependent Type

Domestic Partner

Eligible Dependent Definition

Partner as defined by the Domestic Partner Affidavit

Required Documentation for Proof of Eligibility

- Government-issued Certificate of Domestic Partnership
- Declaration of Domestic Partnership AND supporting documents to establish joint residence AND financial interdependence

Eligible Dependent Type	Eligible Dependent Definition	Required Documentation for Proof of Eligibility
Domestic Partner	Partner as defined by the Domestic Partner Affidavit	<ul style="list-style-type: none"> • Government-issued Certificate of Domestic Partnership • Declaration of Domestic Partnership AND supporting documents to establish joint residence AND financial interdependence
Child - Biological	Biological child under the age of 26	<ul style="list-style-type: none"> • Government-issued Birth Certificate • Consular Report of Birth Abroad (CRBA)
Child - Step	Biological child from a spouse's prior family under the age of 26	<ul style="list-style-type: none"> • Child documentation (biological/ adopted/guardianship/disabled) • AND legal spouse documentation
Child - Adopted	Child under the age of 18 for whom you have legal guardianship	<ul style="list-style-type: none"> • Court Order of Legal Guardianship AND • First page of Federal Tax Return form filed within the past two years
Child - Disabled	Disabled child over the age of 26 for whom you have the legal responsibility to care	<ul style="list-style-type: none"> • Letter from health care provider or doctor specifying the diagnosis and how the condition prevents the dependent from working/attending school full-time AND • Child documentation (biological/ step/adopted/guardianship)- • Notice of disability determination from the Social Security Administration AND • Child documentation (biological/ step/adopted/guardianship)

