VERIFICATION OF DEPENDENT(S) ELIGIBILITY

As part of the enrollment process, Vi must verify that all dependents you would like to cover under the Welfare Benefit Plan qualify as dependents under the plan. This process confirms that both you and the company are protected from inappropriate health care costs. The definition of dependent under the plan is shown at the bottom of the page. **Please provide documentation from the list below for <u>each</u> of your dependents. Originals or copies will be accepted.**

SPOUSE	**CHILD(REN) – including adult children to age 26**
• Marriage certificate **DOMESTIC PARTNERS*** • Joint bank account • Common ownership of an automobile • Driver's license listing common address • A will which designates the other as primary beneficiary • A beneficiary designation for a retirement plan or life insurance policy signed and completed with one domestic partner as the beneficiary of the other • Registration as domestic partners • Joint ownership of real property or a common leasehold interest in real property	One of the following: • Birth certificate • Court orders indicating guardianship or custody • Qualified medical child support orders (QMCSO) • Military records or forms stating dependents • Adoption certificates • Government issued Visas (H-4, J-2, L-2) **The children of adult children (i.e. grandchildren) are not eligible for coverage, even if the parent is enrolled.**

**Must provide at least 2 of the following documents, with one establishing the duration of the relationship.*

Dependents include:

Your **lawful spouse** or

Your **Domestic Partner**, who is defined as a person of the same or opposite sex who satisfies ***<u>all</u>*** of the following requirements:

- shares your permanent residence;
- has resided with you for no less than one year;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing documentation of at least two of the following arrangements: common ownership of real property or a common leasehold interest in such property; community ownership of a motor vehicle; a joint bank account or a joint credit account; designation as a beneficiary for life insurance or retirement benefits or under your partner's will; assignment of a durable power of attorney or health care power of attorney; or such other proof as is considered by Blue Cross and Blue Shield to be sufficient to establish financial interdependency under the circumstances of your particular case;
- is not related by blood;
- has signed jointly with you, a notarized affidavit which can be made available to Blue Cross and Blue Shield upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- has signed a Domestic Partner affidavit or declaration with any other person within twelve months prior to designating each other as Domestic Partners hereunder;
- is currently legally married to another person; or
- has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

Your **child(ren)** who are:

- less than 26 years old;

The term 'children' includes the following:

- a legally adopted child or a child for whom you are the legal guardian;
- stepchildren who live with you;
- children of your Domestic Partner who live with you

The children of adult children (i.e. grandchildren) are not eligible for coverage, even if the parent is enrolled.

Dependent Verification

Dependent Name:	
Social Security Number:	
Date of Birth:	
Relationship to Employee:	
Document Provided:	
If applicable, Life Event & Date of Event:	

Dependent Name:	
Social Security Number:	
Date of Birth:	
Relationship to Employee:	
Document Provided:	
If applicable, Life Event & Date of Event:	

Dependent Name:	
Social Security Number:	
Date of Birth:	
Relationship to Employee:	
Document Provided:	
If applicable, Life Event & Date of Event:	

Dependent Name:	
Social Security Number:	
Date of Birth:	
Relationship to Employee:	
Document Provided:	
If applicable, Life Event & Date of Event:	

Employee Name (please print): _____

Employee Signature: _____ **Date:** _____

Human Resources Approval: _____ **Date:** _____