

Eligibility Definitions and Required Documentation

Dependents	Eligibility Definition	Documentation Required Before Request is Approved
Spouse	<p>The marriage must be recognized as legal in the Commonwealth of Virginia.</p> <p>Note: Ex-spouses will not be eligible, even with a court order.</p>	<ul style="list-style-type: none"> ➤ Photocopy of marriage certificate, and ➤ Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.
Natural or Adopted Son/Daughter	<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"> ✓ lives at home or is away at school ✓ is not married, and ✓ receives more than one-half of his or her support from the employee. <p>In cases where the natural (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"> ➤ Photocopy of birth certificate showing employee's name or ➤ In the case of adoption, photocopy of a legal pre-adoptive or adoptive agreement.
Stepson or Stepdaughter	<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"> ✓ they are living with the employee in a parent-child relationship; ✓ the principal place of residence is with the employee; ✓ they are a member of the employee's household; and ✓ they receive over one-half of their support from the employee. 	<ul style="list-style-type: none"> ➤ Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; and ➤ Photocopy of marriage certificate showing the employee and parent's name and ➤ Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.
Other Female or Male Child	<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"> ✓ The principal place of residence is with the employee; ✓ they are a member of the employee's household; and ✓ they receive over one-half of their support from the employee. 	<ul style="list-style-type: none"> ➤ Photocopy of birth certificate and ➤ Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.

<p>Other Female or Male Child - Exception</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"> ✓ the other child, ✓ the minor child** (who is the parent), and ✓ the employee's spouse (if applicable) <p>all live in the same household as the employee.</p> <p>**The minor child must meet all of the eligibility requirements for a dependent child.</p>	<ul style="list-style-type: none"> ➤ Photocopy of the other child's birth certificate showing the name of the minor child** as the parent of the other child and ➤ Photocopy of the Final Court Order with presiding judge's signature.
<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>		

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 Name (Please Print)

Daytime Phone Number

Employee Signature

Date



Virginia Department of
HUMAN RESOURCE
MANAGEMENT