

**DEPENDENT, SPOUSE AND DOMESTIC PARTNER ELIGIBILITY
FOR MEDICAL, DENTAL, AND VISION PLANS ENROLLMENT**

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> • Marriage Certificate • Prior year's Federal Tax Form that shows the couple was married (financial information may be blacked out) • (If the marriage occurred this year, only the marriage certificate copy is required.)
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by the State of California
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate • (to include full name of child, parent(s) name & child's DOB) • • Legal Adoption Documentation
Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name & child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage <p><i>Anthem Blue Cross (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Completed Anthem Disabled Dependent Certification Form <p><i>Kaiser (All items listed below are required)</i></p> <ul style="list-style-type: none"> • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)

Failure to provide required documentation will result in non-enrollment or cancellation of coverage and could result in the employee having to pay prior medical, dental, and/or vision expenses in full.

CHANGE IN STATUS: The employee is responsible for notifying the district within 30 days of an enrolled dependent, spouse, or domestic partner who no longer qualifies for eligibility in the district's plan(s). Cancellation will take effect the 1st of the month following the event date (divorce, obtains own coverage, etc.). The employee will be responsible for any expenses after the cancellation date regardless of when he/she reports the change in status.

PVSD EMPLOYEE BENEFITS SPECIALIST: Jennifer Alexander, 600 Temple Ave., Camarillo, CA 93010

jalexander@pleasantvalleysd.org or (805) 445-8605; PVSD Web Site <http://www.pleasantvalleysd.org> Staff/Benefits

